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## Major breakthrough in genetic detection

Researchers on human embryos have found a way of detecting a rare form of cerebral palsy within 8 days of the egg being fertilised.

Up until now the earliest a genetic disorder could be identified was 8 weeks, using a method called Chorionic Villus Sampling (CVS).

"This is the first example of diagnosing a genetic disorder in a very early pre-embryo stage," says Professor Martin Bobrow, head of the Paediatric Research Unit at Guy's Hospital, London, which has its own genetic research programme. "It is a major advance."

"It opens the way for detecting other genetic disorders such as muscular dystrophy, Down's syndrome and some haemophilias, though probably not the common forms of cerebral palsy."

Lesch-Nyhan Syndrome occurs very rarely, in less than 1 per cent of babies born with cerebral palsy, it is estimated. It stems from a deficiency of a particular enzyme caused by an imperfect gene and results in athetoid movement, kidney dysfunction, severe mental disability and destructive behaviour.

There is no cure for this disorder, but with the new techniques researchers will be able to detect the imperfect gene in a pre-embryo and offer parents the choice of whether or not to implant it in the uterus.

The breakthrough was made by scientists at University Col-

lege and the Hammersmith Hospital, London, including Professor Robert Winston, chairman of Progress, the doctor-patient group for *in vitro* fertilisation.

It is a powerful argument for the continuation of pre-embryo research and comes at a time when the Government has launched a White Paper setting out comprehensive legislation to control test tube baby clinics but leaving a decision about pre-embryo research to a free vote.

MPs will choose between a clause making it a criminal offence to carry out any procedures on a human embryo except those aimed to prepare it for transfer to the uterus or to find out if it is suitable for transfer, and another clause incorporating the first but allowing research if it is part of a project licensed by the proposed Statutory Licensing Authority.

"The point about this breakthrough is that it leads the way to a reduction in the number of abortions," says Professor Bobrow. "If Parliament outlaws pre-embryo research, we shall lose our expertise in this field. People won't be able to get research grants and they will turn to something else."

★At a King's Fund conference in December, geneticists, obstetricians, paediatricians, economists, GPs, health service managers, midwives and patients called on the Government to set up a national genetic service so that parents can benefit from the rapid advances in diagnosing gene defects.



Get up and go in '88! Bob Phillips, 80, enjoyed tandeming with his wife until he went blind. But he wasn't off his bike for long. With the help of volunteers like John Beckett (front) he kept right on pedalling. For other get up and go holiday ideas see page 8-10.

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## New charges for health checks planned

To help pay for its plan to promote better health in the community, the Government intends to start charging for eye tests and dental check-ups. An eye test would cost around £10 and a dental check-up £3.

The money saved, some £170 million in 1990-91, would go towards improving family doctor services.

Children, adults on Supplementary Benefit, people registered blind or partially sighted, will still get free eye tests and those already exempt from dental charges - children, pregnant and new mothers and adults on SB - will not have to pay either.

The new charges are not likely to come into operation until late 1988.

The Government's plans to improve and streamline primary health care were revealed in a White Paper at the end of

November. A Health and Medicines Bill is now going through the Commons.

While many of the proposals have been welcomed by professional medical organisations, the new charges have been sharply criticised. They are seen as running counter to one of the Government's main aims: the prevention of ill-health.

The British Dental Association thinks it is unfair to charge patients three-quarters of the cost of a check-up. "Dental charges have nearly doubled in real terms since 1979," says BDA secretary, Norman Whitehouse, "and if we put treatment costs up any more we risk undoing the great improvements in dental health that have taken place."

The British Medical Association's ophthalmic group committee fears that diseases of the eye, which would cost the NHS more in the long run to put right,

will not be detected early enough and that glaucoma, which is responsible for more than one-quarter of all blindness under the age of 45, will increase.

The White Paper puts great emphasis on making services more responsive to the needs of the consumer - by encouraging competition, giving consumers more information on which to base a choice, and making doctors' pay more dependent on performance.

There are plans to reward doctors for providing comprehensive, regular care for elderly people, giving new patients a health check, meeting targets for vaccination, immunisation and screening set locally by family practitioner committees, and taking on the medical surveillance of under-5s after training.

Changing a doctor is to be continued on page 5

## Shortage of nurses puts babies at risk

A critical shortage of specialist nurses is affecting the care of premature babies in hospitals in many areas of Britain, according to a survey for the Royal College of Nursing released last month.

The findings confirm what the charity BLISS (Baby Life Support Systems) discovered in 1985, that special care baby units around the country had 50 per cent fewer nurses than they needed.

"The shortage of trained nurses is a priority," says Bonnie Green, vice-chair of BLISS. "Babies are at risk of dying or becoming disabled because of the shortage."

Sick babies in intensive care units need round-the-clock attention 7 days a week, and it takes a minimum of 4 specially qualified nurses to care for each baby.

In London last month, Guy's Hospital had to stop admitting babies to its neo-natal intensive care unit when the number of vacancies for specially trained nurses exceeded those on duty.

continued on page 3



## THE NATIONAL TRUST WELCOMES DISABLED VISITORS

The National Trust has many historic houses, castles, gardens and beautiful stretches of coast and countryside to which it welcomes less able people, including wheelchair users. It also has adapted holiday cottages, accessible shops and restaurants, and adapted lavatories.

The Trust publishes a special booklet early each year, giving full details of the facilities provided at its properties. This is available at NT properties, or by post; please send a self-addressed adhesive label or an envelope (8½x4½ in.) stamped with the minimum postage rate, to:

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The National Trust  
36 Queen Anne's Gate  
London, SW1H 9AS



# Letters to the Editor

Disability Now 12 Park Crescent London W1N 4EQ

## A London Dial-a-Ride feels coerced

I hope you will allow me to respond to Tony Shaw's letter on London Dial-a-Rides (DN November). Unbelievable as it may seem, of late we do not even receive acknowledgments of our letters to London Regional Transport, let alone replies.

We believe very firmly that minority interests must be considered along with the majority. If we catered for majority interests alone then we should only be transporting the elderly frail. (Wheelchair users and those under retirement age form the minority.)

Like the majority of Dial-a-Rides we recognise that it is just not possible to meet every user's travel needs and therefore in setting up our service and in practice most of us have found it necessary to set limitations.

For example, users cannot make standing bookings; each trip has to be booked separately; we do not generally undertake work journeys, hospital outpatient visits or day and work centre journeys. Trips outside the boroughs are limited to central London and Heathrow Airport.

If users wish to undertake longer journeys we try to arrange link-ups with other services. Originally LRT favoured this arrangement and went as far as suggesting common membership London-wide, dispensing with borough boundaries.

Although we do not have requests for trips to Central London every day we do ration these trips very carefully with the maximum of one vehicle (our service has 6 in total) per shift being shared between the 3 boroughs.

Wherever possible these are multi-occupancy trips although it can mean a round trip for some of the users or a lengthy wait at their destination or pick-up to

achieve this. However, users have clearly indicated they would rather have this inconvenience than no trips to London at all.

The major request for local trips is for shopping and when users cannot be fitted in at their first requested time it is often possible to re-arrange the trip for another day or time. In this way we can go some way to meeting the majority of requested trips.

Earlier this year all Dial-a-Ride services were invited by LRT to make applications for additional funding for vehicles and drivers. However, it was made very clear by Tony Shaw, in his letter, that unless the services agreed to set limits on journey lengths approximately within their boundaries and reduce their book-ahead periods to within one or two days they would not be considered for additional funding. I am no English scholar but if that is not "coercing" services to make a change in policy then I really do need to go back to school.

LRT must understand that we do not dedicate many hours of voluntary time to serve on management committees purely out of self-interest. We try to be sensitive to the needs of all users and provide the sort of service they ask for, not what we think they ought to have.

**Alan Pinn**  
Chair  
Kingston, Richmond and Merton Dial-a-Ride

## How about merging?

Surely the arguments about Dial-a-Rides should focus on what the consumers' needs are. Both short and long journeys should be catered for.

This could be successfully achieved if all the local Dial-a-Ride schemes were merged into one cohesive body.

The vehicles would work "London-wide" and be co-

ordinated to be near their respective depots at the end of shifts. Bookings could also be made through a central office enabling a daily planning schedule.

I agree that there will always be limits on resources. But the resources we have at our disposal could be used to much greater effect than they are at present.

**Peter Mansell**  
Beckenham, Kent

## Thanks to everyone

I'd like to say a big THANK YOU to everyone who gave their time, energy and skills to The Spastics Society's National Week last September. Never before have we run an event on this scale and naturally we have learned a great deal.

Many successful events were held all over the UK and I personally feel very positive about what we achieved. However, I know this was made possible only by hard work over a long period by staff and volunteers.

Once again, many thanks for your tremendous help and support.

**Douglas Shapland**  
Chairman  
The Spastics Society

## Chris, you're wrong

I must take issue with Chris Davies on *To Hungary with Love* (DN, November).

Yes, your paper has travelled here - as you can see I am living in Budapest. My 11 year old son is lucky enough to be attending the Peto Institute here.

Maybe if our NHS could provide him with 5 hours of physio and occupational therapy daily I would not need to be here. Even that is debatable.

No wonder it has taken over 20 years to bring Conductive Education to the notice of parents when even now those who should know better continue to knock it at every turn. Many of the children here have severe handicaps. To suggest that only mild cp sufferers are selected is totally untrue.

Yes, it was necessary to show the toilet training of spina bifida children. Would your piece not have suggested that such training was exaggerated or even untrue if it had not been shown? There is more loss of dignity in a lifetime of catheters and nappies!

Finally if The Spastics Society, of which I am an active member, had done its job properly in the past, I and many others would at least have had knowledge of Conductive Education as an alternative to conventional therapies. Then this programme would never have been needed.

**Brenda Wilson**  
Budapest, Hungary

## Years of teasing

We are parents of a child with a "minor" degree of cerebral palsy, who throughout his school life has attended ordinary schools and suffered years of constant unnecessary teasing and some bullying centred around the word "spastic". This eventually grinds away at the most resilient person's emotions and can destroy the self-image.

By continuing to use its name, The Spastics Society is working against its own aims. People with cerebral palsy and/or their families may not belong to their local group, despite their need, because of the name; also integration of children with cerebral palsy into ordinary schools is hindered by its retention.

Perhaps Sir John Cox can enlighten us as to the "strong feelings for retaining the name The Spastics Society" as expressed at

the AGM 2 years ago. We can think of only one negative reason - the difficulty of finding a suitable replacement. The director predicts a "rising tide on this subject" which we feel should not be allowed to ebb.

The Society should lead the way by gathering views from all its groups and other interested parties so that the debate can be brought to a satisfactory conclusion, not allowed to fester on.

The Spastics Society should be supporting the people for whom it was set up, not burdening them with a further handicap.

**Mr and Mrs B C Day**  
Thurlaston, Warwickshire

*John Cox writes: I am totally in sympathy with you. But the most important point is that there are 193 spastics societies, not just one, of which a great number do not share your views. Whatever The Spastics Society decided would not necessarily influence the individual views of a local group. The chairman has said that he wants active debate this year on the subject. But we must acknowledge that there are arguments both ways.*

## Homosexuality and disability

While being very pleased that at last a major disability newspaper has written something about homosexuality, (DN, October), I must point out a couple of errors.

The first is the old-fashioned assumption that "Most boys and girls in their early teens go through a 'homosexual' phase ... the majority then move on to a heterosexual orientation..." which implies that those who then realise their homosexuality have in some way not "moved on". This used to be the view of psychiatrists, in an attempt to explain why some people just happen to relate better emotionally and sexually to others of their own gender.

Quite a number of people whose natural orientation is towards members of their own gender are frightened of pursuing emotional and sexual relationships with others of the same sex because of society's oppression of homosexuals.

Many homosexuals go through a "heterosexual phase", trying to suppress their natural inclinations by making relationships - even getting married - with members of the opposite gender. These marriages are very often unhappy and the homosexual partner feels trapped. This is particularly so with disabled gay men and lesbians.

The second error is in the use of the word "stigma". We in the Gay Men's Disabled Group are proud to be disabled, and proud to be gay men: being a dual oppression.

Gay people suffer greatly from isolation. That is why the Gay Men's Disabled Group and GEM-MA exist: to offer the hand of friendship and understanding to other gay men (and lesbians) with disabilities, and to let people know what it is like to be gay and to have a disability.

All our correspondence is treated with the strictest confidentiality. We are able to correspond in Braille or on tape. Could I ask anyone who would like to have further information about GMDG to send an 8in x 6in SAE.

It is a sad reflection on society that I have to ask you *not* to publish my name.

**Chairman**  
Gay Men's Disabled Group  
c/o Gay's The Word Bookshop  
66 Marchmont Street  
London WC1 1AB

(sic)

DN's diary column  
by Julian Marshall

## Euthanasia

If you are disabled and planning a holiday in France this year, maybe you should think again. It seems that disabled people aren't popular with a certain section of the population. A campaign has been launched by The Association for the Prevention of Handicapped Children, made up of several thousand parents of disabled children, to legalise euthanasia for severely handicapped newborn babies. Founder Yvonne Jegou, mother of a disabled teenager, explained: "A handicapped child is never happy and its suffering extends to the whole family. Our aim is to reduce the numbers of handicapped people in France."

## Crossed off

"Tony, you are a truly courageous young man. You are giving hope to all of us. My wish is for you to continue giving this hope to all other people." These fine words of encouragement to Tony Mendelev, who has no arms as a result of Thalidomide, were spoken by Pope John Paul II on his recent visit to the US. Mendelev had just played for the Pope at a youth mass using his feet. Unfortunately, he will have to continue "giving hope" as a lay-man, being barred from fulfilling his ambition to become a Catholic priest "because of his handicap".

## Humbug

Christmas spirit: you're probably sick of hearing the phrase, and we all know that it's something you either have or don't have. A group of people *with* it (pop stars Bruce Springsteen, Madonna and Whitney Houston, plus A & M Records) recorded the Special Olympics Album, hoping to raise £500,000 for disabled people's international charities. They are being sued for £6 million by a group of people *without* it: a small independent record company who claim they had the idea 2 years ago, before being cut out of the deal and left with debts of £100,000. The record industry is a messy business, but £6 million does seem a bit steep at this time of year.

## Cruising

Thanks to Anne Rae at the British Council of Organisations of Disabled People for drawing DN's attention to an advertisement in the *Radio Times* for Norwegian Caribbean Lines cruises. The ad features 3 old people sitting in old-fashioned bathchairs on the deck of a ship looking out to the setting sun, with the caption "If this is your idea of cruising, you're cruising with the wrong people." In the text underneath, the company pleads "not guilty" to taking on board people "so old they remember that nice Mr Kitchener". By saying that elderly and disabled people are not welcome on their cruises, would they also plead guilty to a tasteless and discriminatory policy? The BCODP think so, and has requested a public apology from NCL.

Contributions, please, to DN

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DN/1/88



## Community care is not working

Community care is not working properly say 2 new reports.

The Audit Commission finds that health authorities are not handing over to local authorities enough of the money saved by closing long-stay hospitals. Instead they absorb half of the £1 billion spent on mental handicap services each year, looking after only a quarter of the 160,000 people concerned. Their finance and management ideas have not kept up with the revolution in mental handicap services.

Unless more resources are transferred to social services, money now spent in the NHS will trickle away to other services, placing an increasing burden on local authorities.

The report from the Association of Community Health Councils for England and Wales and the National Consumer Council, based on a survey of 123 community care councils and 93 district health authorities, finds that nearly half the authorities put mentally handicapped and mentally ill people into institutions similar to long-stay hospitals instead of into sheltered housing.

Although some areas have imaginative schemes, many lack emergency and respite support for carers and there are too few community psychiatric nurses, social workers and GPs trained in mental health care.

Community care: developing services for people with a mental handicap. HMSO, £1.70. Care in the Community, £2 the National Consumer Council.



Trying out Everest & Jennings' "Whisper", Prince Charles shares a laugh with principle information officer Tina Stevens. "I was surprised at how much he knew about the mobility needs of disabled people", said Tina. "He was a joy to show round the equipment centre."

## Prince sees DLF and a unique data base

If you want to know about one-handed can openers or kerb climbers, the Disabled Living Foundation's new computerised database can tell you. It is the first of its kind in Britain with a list of over 10,000 products of use to disabled people.

Prince Charles visited the DLF last month to see the database. He also saw the equipment centre, the work being done on incontinence, music, visual handicap and clothes, and heard about the unique reference library.

The database information is available free to individual disabled people and their carers who contact the DLF, and to local

authorities and other organisations for a fee. It can list, say, all the bath hoists on the market, give the variations from one manufacturer to another and compare prices. Information is updated every 12 months.

The DLF hopes one day DLF-Data will become directly accessible to individuals via an information system like Prestel or to organisations through a public network, and that national information can be supplemented by local facts and contacts.

Disabled Living Foundation, 380/384 Harrow Road, London W9 2HU, tel: (01) 289 6111.

## Education Bill ignores special needs children

The Education Reform Bill promises to be the biggest shake-up in education since 1944, but charities, local authorities, MPs and Lords say it ignores children with special education needs.

The Council of Local Education Authorities is so concerned that it will hold a conference in the new year devoted to special needs issues raised by the Bill.

The All Party Disablement Group has also told the Government that it is worried about the lack of references to special needs in the Bill.

"It took the Warnock Committee 4 years to produce the report that finally put special needs on the agenda in the 1981 Education Act," says The Spastics Society's Director of Education Freddie Green. "As the Bill stands, this will all be wiped off."

"Further education gets no mention at all. All safeguards for over-16s are absent."

The Spastics Society, along with the Voluntary Council for Handicapped Children and the National Bureau of Handicapped Students, have already expressed their concern to the Education Secretary, Kenneth Baker, at a meeting of the Prince of Wales Advisory Group last month.

The Spastics Society hopes that either in the Committee stage of the Commons or in the Lords, reference to special needs can be included in the Bill.

Parts of the existing Bill cause particular concern:

● The proposed National Curriculum will specify 80-90 per cent of what is taught in schools and roughly what percentage of time is spent on each subject.

Children stated under the 1981 Education Act will be exempt from those parts of the curriculum which are irrelevant to them. But there are fears that this might lead to an undervaluing of their academic achievements.

Also, many disabled children have not been stated. They will be expected to conform to the National Curriculum, although a more developmental approach based on their individual requirements is needed.

● The proposal for giving each child a compulsory test at the ages of 7, 11, and 14 runs counter to the spirit of the 1981 Act which rejected "one-off" testing for children with special needs in favour of a more multi-professional and child-centred approach not tied to a rigid timescale.

Kenneth Baker did admit last month that the tests would have to take account of the different abilities of children at a given age.

● To publish the results of these tests may encourage schools not to take children with special needs in case they "bring the scores down". This could reverse the integration policies of many local education authorities.

● Schools will be allowed to "opt out" of LEA funding in favour of a direct grant from Central Government which they can spend as they see fit.

"Our fear is that opted-out schools will not want to spend money catering for those with special needs - altering premises, for example, or taking on extra staff," says Freddie Green.

This could lead to a concentration of disabled children in certain "sink" schools, particularly in inner cities.

To opt out, a majority of parents would have to vote for it at one public meeting. As parents of disabled children are a minority at most schools, and the demands on their free time made by caring can make it harder to attend meetings, their arguments may not be heard by the majority.

### Babies at risk

continued from page 1

Only 8 of the 15 cots available were being used, and there were only 12 nurses when there should have been 30.

Guy's is finding it impossible to fill its 18 vacancies for specially trained nurses.

"Babies must be being put at risk, but I cannot say for certain that any have died after being refused admission, because we do not know what happens to them," said consultant paediatrician, Dr George Haycock.

At Hammersmith Hospital, London, which has 8 intensive care cots and 14 special care cots in its baby unit, there is a chronic nursing shortfall of 20 per cent.

"We've had to turn away about 100 or more babies a year for the past 2 years," said consultant paediatrician, Dr Andrew Whitelaw. "Most manage to get into other special care units, but

sometimes there is a long delay before all the phone calls can be made to find a cot. Babies are suffering because their care is being delayed and they are being subjected to long journeys.

"We know that a small number of babies never make it to a neonatal intensive care unit and they die. The number is in single figures, but that is just for the NW Thames Region."

Shortage of nurses, he confirms, is the main problem. "The real need is to get good people into neo-natal nursing and unless we do that more money for other things will make little difference. You cannot improve the service if you cannot get good nurses. The only solution is for extra training to be recognised by extra pay."

BLISS is now funding 2 specialist training courses for nurses. But it cannot tackle nurses' pay, and low pay, according to the Royal College of Nurses, is the

main reason why 30,000 nurses have left the NHS in the last 12 months. Most of those nurses had special qualifications.

Specialist paediatric nurses earn between £7,300 and £8,600 a year, with no extra pay for their qualifications.

The DHSS has now promised to look at a new pay structure which would reward them.

The disabled child deserves as much freedom and mobility as possible to help them take a more active role in family life. The Travel Chair helps solve so many problems due to its unique design. At home it becomes a high chair, reclines to become a relaxer; outside it serves as a rugged pushchair and in the car it becomes the child's car seat.

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### THE GREENWICH YOUNG PEOPLES THEATRE

is seeking a

### PROJECT CO-ORDINATOR

to lead the "GreenJam" Project, a new theatre training initiative for young adults with learning difficulties.

GYPT wishes to appoint a full-time Project Co-ordinator to be responsible for this exciting new development of its work in the field of mental disability. The "GreenJam" Project is the first of its kind in Europe. It is being funded by the European Social Fund to plan, provide and evaluate a two year, full-time training scheme in theatre and drama skills for 12 young adults with learning difficulties.

The Co-ordinator working in conjunction with existing GYPT staff, will be responsible for developing the aims and practice of the project.

We are looking for someone with substantial experience of working with people with learning difficulties, the ability to teach and direct a wide range of theatre and drama skills, a sound knowledge of the arts in education, and proven leadership qualities.

The appointment will begin as soon as possible after 1st March 1988 and no later than 18th April 1988. It will terminate on 31st October 1990. Starting salary £13,278 rising to £14,346 (incl. of London allowance).

For further details and an application form, please contact the Director, Greenwich Young Peoples Theatre ("GreenJam"), Burrage Rd., Plumstead, London SE18 7JZ.

Interviews will be held on February 12th and 13th. Closing date 26th January 1988.

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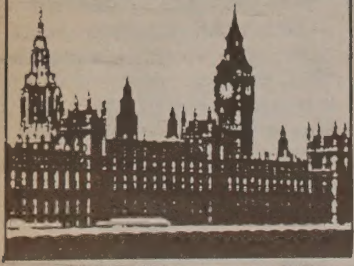
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DN/1/88



## MONTH IN PARLIAMENT



### HOUSE OF COMMONS

#### Bill to increase Child Benefit has little chance

Sir Brandon Rhys Williams (Conservative) sponsored a 10 minute rule Bill which would increase Child Benefit in line with inflation next year.

He argued that Child Benefit was a tax allowance and that between 4 and 5 million families paid more in tax than they received in benefit.

Recent Government figures have shown that there are now 16 million people dependent on means-tested benefits, and freezing Child Benefit would trap

another 40,000 within that net. The Bill, which has all-party sponsorship, was given a second reading by 234 votes to 20, with most Conservatives abstaining. It is unlikely to go any further, however, due to lack of parliamentary time.

#### Parents may be charged to stay with their child in hospital

In a debate on primary health care following the second reading of the Health and Medicines Bill, Harriet Harman, MP for Peckham, asked the Government for assurances that health authorities will not be asked to charge relatives who stay with a sick child in hospital.

When a child is in hospital it is important parents are encouraged to stay with the child to assist its speedy recovery, she said.

Edwina Currie, Parliamentary Under-Secretary of State for Health and Social Security, replied that the Bill will allow "charging for special services" and did not guarantee that parents will *not* be charged to stay with their children.

#### New benefit rules could hit people on Invalid Care Allowance

The Social Security Bill, which aims to correct some of the mistakes in the 1986 Social Security Act, and introduces changes in other benefits including attendance allowance, is now at the committee stage.

The Government intends to change the qualifying conditions for short term benefits including unemployment and sickness benefit.

A new work test would mean that people receiving Invalid Care Allowance for more than 2 years would no longer be entitled to unemployment benefit when they stop their caring responsibilities.

Audrey Wise (Labour) is seeking an amendment to exempt those on ICA from the new conditions.

Dafydd Wigley (Plaid Cymru) MP for Caernarfon called for consultation with voluntary organisations such as MENCAP, The Spastics Society, and MIND who all deal with disabled people and their carers.

### HOUSE OF LORDS

#### Lords continue to show concern over Income Support

Members of the House of Lords were concerned last month about the change-over from Supplementary Benefit to Income Support in April 1988.

Lord Carter (Labour) asked what plans the Government has to ensure that people who are newly disabled after April 1988 do not receive less than people disabled before April 1988.

Baroness Seear (Liberal) said many people will not know what they are entitled to and asked what steps are being taken to inform them.

The Earl of Arran, replying for the Government, promised to give them written answers. He claimed that "disabled people will receive more benefit by way of income support than ever before" and that over £50 million extra is going to those people who qualify for the disability premium. However he was not able to provide any new information about plans for severely disabled people who will lose out.

Kate Nash

## News in Brief

#### Major centre for deaf-blind students

Sense, the National Deaf-Blind and Rubella Association has opened the first stage of a major new centre for deaf-blind students in Birmingham. When completed Sense-in-the-Midlands will have 35 residential students and will be the largest and most comprehensive centre for deaf-blind people in Europe.

#### New course for deaf youth leaders

A new training course in the North West will give deaf youth leaders the chance to develop their leadership skills.

The unique one-year course aims to place more deaf youth leaders in the local youth service to help young deaf people make full use of it.

The course, taught in Sign Language and the first of its kind in Britain, will be run jointly by the British Deaf Association, Salford Youth Service and Greater Manchester Youth Association.

#### Community housing

Up to 35 houses are to be bought by the Kettering Area Health Authority, providing 130 places for mentally handicapped adults to live in the community.

The project will begin next year as part of Kettering's long-term mental handicap strategy, and continue into 1993-4.

Over £2 million for the houses, and another £2 million for staffing and running costs will come from Oxford Regional Health Authority.

#### Handrails needed

The single most useful improvement for access by disabled people to entertainment centres is handrails, claims a new survey by Arts Access.

Although lack of convenient parking space and transport to the venue were chosen as the major - less easily modified - drawbacks most people said they could cope once inside provided handrails and ramps were installed.

The survey was prompted by the Arts Access committee's realisation that many incorrect assumptions were made about access by able-bodied people.

#### Rubella awareness

A new information pack on the dangers of rubella (German measles) to unborn babies was launched during Rubella Awareness Week (22-28 November).

*Rubella: protect yourself as if someone's life depended on it* contains 8 factsheets for the general public and health professionals. It costs £2.50 and is available from Joan Towers-Perkins, Sense, 311 Gray's Inn Road, London WC1X 8PT.

#### BT: guide to services

British Telecom's new 1988 guide to services and equipment for disabled people is available free from all BT sales offices.

The *Blue Guide*, published by BT's Action for Disabled Customers, aims to help disabled customers choose the phone service most suitable to their needs.

It includes details of the protected service scheme, talking telephone bill, phones fitted with inductive coupling and other services introduced by BT in 1987.

## New condom solves impotence

A new and simple invention from America claims to be the world's first totally safe and 100 per cent effective solution to impotence in disabled men.

The Correctaid is a moulded condom of soft transparent rubber with a small tube attached. When the Correctaid is put on and air is drawn out through the tube to produce a vacuum, the penis is gently drawn into the sheath where it expands and remains erect for as long as the vacuum is maintained.

The device can be used successfully by men whose impotence has a psychological or organic cause, including spinal injury and multiple sclerosis, claim the manufacturers.

Other methods of treatment are all widely acknowledged to

have drawbacks. Though popular in the US, surgical implants are expensive, can become infected, and carry the risk associated with any surgery, while injection with erection-inducing drugs such as papaverine are also expensive (£5-£8), may be difficult to use and can produce serious long and short-term side effects.

The Correctaid costs £240, is made in 22 different sizes, can be washed and re-used and has been successfully tested with impotent patients for several months by Gordon Williams, a urologist at Hammersmith Hospital, London.

Further information from Genesis Medical Ltd, 115 Gloucester Road, London SW7. Tel: 01-373 4801.



**Peep-show pool makes a big splash.** A new glass-sided hydrotherapy pool, which enables physiotherapists to watch patients as they practise walking and limb exercises, was opened at Staffordshire General Infirmary last month. The pool, made by Arjo Mechanicals, will be a "significant contribution to services for the disabled in the West Midlands," said consultant rheumatologist Dr Thomas Price.

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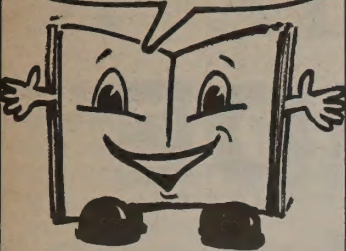
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THANK YOU!



In November 46 readers generously donated the total of £244 to *Disability Now*.

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Miss Watson, York  
Mrs Wills, London  
and 6 anonymous supporters.

Please keep giving!

Cheques and postal orders should be made out to The Spastics Society and sent to: **Gayle Mooney, Room 2B, Disability Now, FREEPOST, 12 Park Crescent, London W1E 3FB.**

## New charges planned

*continued from page 1*  
made easier and the complaints procedure will be made more accessible. For example, oral complaints will be investigated; complaints will be accepted for up to 13 weeks instead of 8 weeks and FPCs will have to operate an informal complaints procedure for all family practitioner services.

FPCs will get more powers and money to help them plan and monitor primary health care. With health boards, they will have to give more information about local services and seek the views of consumers.

The Government plans to extend the voucher scheme for free spectacles to contact lenses and to the repair of spectacles damaged by disabled people. It will discuss with the profession a free sight test for the housebound.

The Community Dental Service is to shift direction from the routine treatment of schoolchildren to the prevention and treatment of special care groups such as disabled and elderly people.

The Government says it is committed to developing primary health care teams (to include physiotherapists, chiropodists and social workers) and will provide extra money.

Many proposals from last year's House of Commons Social Services Committee Report on Primary Health Care have been adopted, but not the one calling for high priority to be given to the section of the Disabled Persons' Act which covers arrangements for people being discharged from long-stay hospitals.

The Government's plans will cost an extra £570 million.

Promoting Better Health, Cm249, HMSO £7.90.

**Corrections:** The Disabled Child Premium (December p6) is also payable when your child receives attendance allowance, mobility allowance or is blind.

The London Spinal Unit is at the Royal National Orthopaedic Hospital, Stanmore, Middlesex.

Ellie Wilkie (November p5) hoped that *people* (not only disabled people) would reconsider the whole issue of abortion.

## Balloon surprise for Polish farmer

Jeff Morris

When a 65-year-old Polish sheep farmer found a balloon in his field and mistook it for a mushroom it was the start of an exciting chain of events for two families.

The balloon was the winner of The Spastics Society's National Week Balloon Race and won a holiday in Disneyland for its sponsor, Ann Fawkes of Salford, and a weekend at the London Hilton for the farmer.

The lucky balloon was one of thousands released from Daresbury Hall, a Spastics Society residential home in Lancashire, on 19 September last year. Mrs Fawkes, a senior instructor for mentally handicapped young people at Orchard Mount Training Centre, Salford, sponsored the balloon for 50p.

It was found 978 miles later by the surprised farmer, who lives in a hamlet called Cheimno, where the only phone is in the meat factory. He will come to England for the first time with his daughter and grand-daughter as soon as they all get passports.

Mrs Fawkes and her husband Geoffrey are looking forward to a week in Disneyland at the end of May. "I was quite amazed when I heard the balloon had gone all the way to Poland," said Mrs Fawkes. "We're both really thrilled about the holiday." Her husband has never been out of Britain before. In America they will stay at the Hilton in Califor-



Ann and Geoffrey Fawkes received their tickets to Disneyland from Eamonn Holmes (right), presenter of BBC's Open Air.

nia with all expenses paid.

Other balloons in the race - which was sponsored by the Nationwide Anglia Building Society - arrived in Denmark, Holland, Germany, France and Norway.

Three others made it to Po-

land. The winning balloon nearly caused a problem for British Caledonian who were sponsoring the flight to England for the finder - they don't do flights to Poland. The Polish airline, Lot, came to the rescue with an offer of tickets to London.

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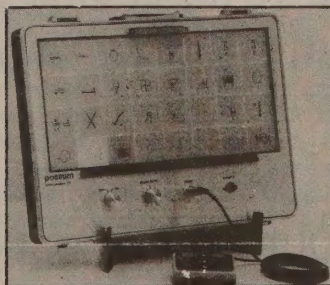
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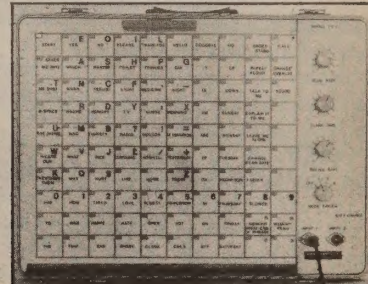
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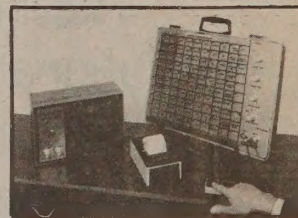


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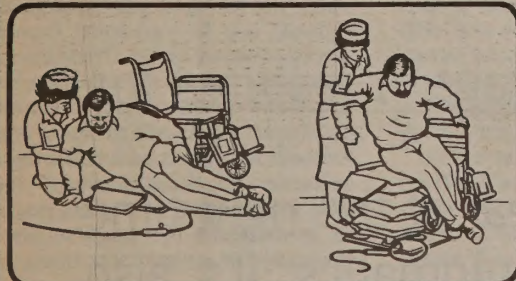
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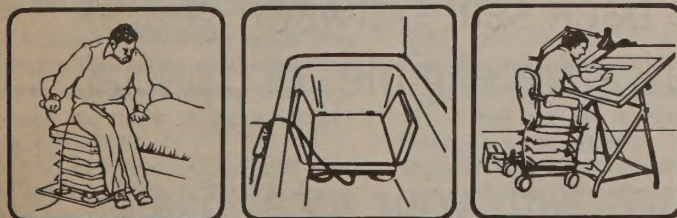
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## National Health Service complaints procedure

# A battle for truth and justice

by Karen Wingate

**With the National Health Service in financial crisis, the risk of medical accidents resulting in injuries to patients must be rising.**

**What do you do if you feel you have been treated badly by your gp or dentist, or if you are unhappy about your hospital treatment?**

**Worse, what do you do if you feel you are the victim of medical negligence, which may have left you, (or your new baby) permanently disabled?**

The answer is you gird your loins for battle – against the practitioner and his medical defence union, against the hospital or health authority, against the medical profession as a whole.

Whether you are seeking a simple apology, and an assurance that it will not happen again, or financial compensation for injuries caused by negligence, the path is not easy.

At a conference last month on the NHS complaints procedure and no-fault compensation (see below), hosted by the National Association of Health Authorities (NAHA), speakers were unanimous that urgent change is needed. Most condemned the present system as defensive, slow, bureaucratic, impersonal and soft on follow-up.

Jean Robinson, former chair of the Patients' Association and now a lay member of the General Medical Council, who has campaigned on behalf of patients for over 20 years, made a heated attack on the present complaints procedure and its failure to help.

She said people have only recently begun to look at the system critically because of the large number of cases going to court and the large damages awarded, which in turn is pushing up the subscriptions doctors have to pay to medical defence unions.

"The increase in litigation

should have come a long, long time ago because it is only thing people take notice of," she said.

Thanks to the work of the Patients' Association and Action for the Victims of Medical Accidents (AVMA) more lawyers now have the necessary experience to get a positive result in court.

But most victims of medical accidents or negligence are not out for large sums in compensation, said Jean Robinson, nor do they all want to see doctors or

plained were thought "impertinent" she said. Now they have a "personality disorder" or are "manipulative".

The first hurdle is having your complaint heard at all, and being believed. Family Practitioner Committees at least give you a chance to state your case, if you get that far. The hospital complaints procedure does not allow for hearings, said Jean Robinson, and she knows of many people who received letters suggesting

are performed by inadequately trained junior doctors without supervision from consultants finds support in a report released last month which reveals that at least 1000 patients die each year as a result of errors by surgeons. The risk of dying in hospital because of mistakes by doctors in general is even higher but no national figures are available.

"If we had to pay out the true cost of injuries then the real problems, such as inadequate training, would be handled," said Jean Robinson.

But the story is not all bad. Some district health authorities are trying to improve their complaints system.

For example, West Lambeth DHA has a new complaints committee, chaired by Derek Prentice, which aims to use complaints as a "management tool" to improve health care. If the health authority is clearly responsible for an injury it will admit liability before consulting the medical defence unions. Other improvements include giving all patients with complaints access to their medical notes and acknowledging all complaints within 48 hours.

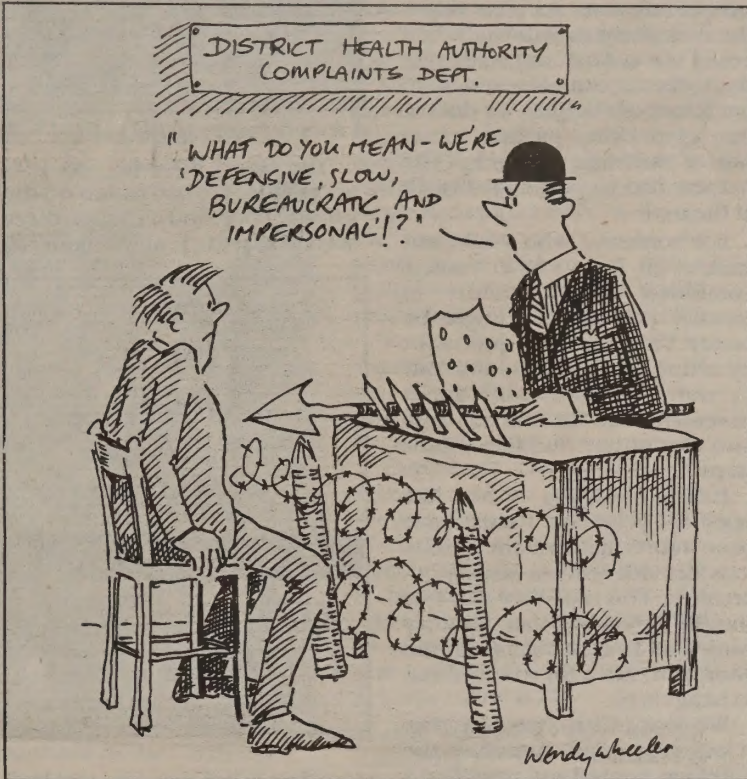
The Basingstoke and North Hampshire DHA now employs 2 "complaints counsellors" who visit a complainant in their own home and liaise with the health authority.

But such projects need time and manpower, and with the health service in financial crisis the chances of more such examples of good practice taking off look slim.

*The Patients' Association, 18 Charing Cross Road, London WC2H 0HR.*

*Action for the Victims of Medical Accidents, 24 Southwark Street, London SE1 1TY.*

*Report of a Confidential Inquiry into Perioperative Deaths, Nuffield Provincial Hospitals Trust, Prince Albert Road, London. £5.*



nurses punished. They want the truth, and to get procedures changed so that the same thing will not be done to others.

Instead they get defensiveness, hostility, obstruction and sometimes down-right lies.

"People start with sensible, reasonable complaints and are turned into bitter, disillusioned people who feel mistrust for the whole health profession."

In the past patients who com-

they were lying.

But even if your complaint is heard and accepted, getting anything done about it is even more difficult. The General Medical Council, which is supposed to deal with unfit doctors is "totally inadequate" as a disciplinary body, she said, though she did praise the nurses professional body the UKCC.

Her belief that many accidents are caused because operations



## No-fault compensation: a real alternative to the courts

"No-fault compensation" is an alternative to the costly court battles that drain both the financial and emotional resources of the families involved. It compensates victims of medical accidents according to their need – not according to the cause of the injury. This does not mean that negligent doctors go undisciplined: an effective complaints and disciplinary procedure must run alongside it. At present the system is operating

in New Zealand and Sweden.

To be eligible for any compensation for a medical accident in Britain, you must first prove that someone was negligent. As this is a serious charge, almost never admitted by a doctor, it is likely to mean a lengthy court battle before you, the injured party, sees a penny.

Often no-one is to blame for a medical accident, and the case cannot even go to court. Of those cases which do get to court, (and only the poor who

qualify for legal aid, or the very rich, can afford to sue) about 70 per cent of the award is eaten up by legal costs. Four years is the average delay between the date of an incident and settlement of the claim.

New Zealand has operated a no-fault compensation scheme for victims of all accidents, medical as well as those occurring on the road, in the home or at work, since 1982.

The Accident Compensation Corporation (ACC), an independent body, decides whether or not to award compensation and there is no need to prove that anyone was at fault.

Payments are made from a special fund set up by the Government, and consist of a lump sum plus an index-linked income for life.

Critics of the system point out its high cost: estimates suggest Britain could face annual bills of between £25m and £50m.

The Swedish scheme only provides compensation for victims of medical accidents, and excludes injuries which occur because of "justified or necessary risks". The Swedish county councils have an agreement with a consortium of insurance companies to provide cover.

No-fault compensation has many supporters in Britain in-

cluding the British Medical Association, which passed a resolution last year supporting the introduction of a Swedish-style system.

Unless Britain introduces no-fault compensation it will go the way of the United States, where million-dollar damages awarded against doctors are common, the BMA has warned.

The frequency of law-suits there has meant that doctors are having to spend very large sums on insurance. Some are even refusing to operate in high-risk cases: a woman with a history of difficult births found it hard to find an obstetrician who would deliver her baby.

Britain already seems to be headed this way. In the past 4 years legal claims against doctors have risen by 400 per cent. And the sums awarded are rising.

Last July saw the first payment of over £1 million in damages to an "outstanding student" who was left brain damaged after a mistake in a private hospital. A few months later defence union subscriptions shot up 87 per cent.

Michael McNair-Wilson MP, himself the victim of a medical accident, hopes to introduce a debate in Parliament and to extract a promise from the Government that an inquiry will be set up.



## Years of agony – and no apology

Margaret Wilde was left in permanent agony when a succession of dentists refused to treat her toothache for over 2 years, saying her problem was "depression" and "nerves".

When she finally found a dentist who took the trouble to examine her teeth he found decay, abscesses and gross infections. But by then she was permanently disabled by chronic pain, sleeplessness and difficulty with eating, and now lives on invalidity benefit.

She could find no-one who would listen when she tried to complain, and no dentist was ever found negligent.

The trouble began when an abscess flared up in a front tooth in 1981. Her dentist and the dental hospital said there was nothing wrong, and the abscess went untreated. Because she was chewing strangely to avoid pressure on the sore tooth she then cracked a cusp. This too went untreated. Brushing was agony and decay set in causing more pain.

"In a year of attendance at the dental hospital I was constantly insulted and left in agony," she said. "One consultant called me 'You Fat Depressives', plural, instead of using my name." No-one did a thorough examination of her teeth.

In her despair Margaret Wilde turned to the Family Practitioner Committee, the district and regional health authorities, the district dental officer and the administrator of the dental hospital. No-one insisted that her toothache be dealt with. Her local MP told her that he did not want to spoil his cordial relationships with health service personnel, though he did write to John Patten at the DHSS.

When she lodged an official complaint in 1983 she was told that it was too late. Her argument that she had been unable to complain earlier because of the pain and resulting illness was not believed and an appeal to the Secretary of State was turned down.

*Margaret Wilde is now a vice-president of the College of Health, elected to campaign for reform of the complaints system.*

## How do I complain?

Your local Community Health Council (address in the yellow pages) can advise you how to make a complaint.

Procedures vary, depending on whether your complaint is about a community practitioner, such as a GP or dentist, or about treatment in hospital.

A useful book to guide you through the system is *Proper channels: a practical guide to complaints about medical treatment*, by Lydia Sinclair, Mind Publications Mail Order Service, 4th Floor, 24-32 Stephenson Way, London NW4 2HD.

## Twelve years too late . . .

A woman in Newport went into hospital for a hip operation. She came out much worse than she went in, with a permanently dropped foot.

She assumed the surgeon was at fault and consulted solicitors, but after several years they said they could go no further with the case, and referred her to Emrys Roberts at the South Gwent Community Health Council.

He examined her file, which included copies of her medical records. These showed that the operation had been a success but the woman's leg had been broken when she was moved from the operating table. The leg was set, but the splints were too

tight and destroyed a nerve, causing the dropped foot.

He wrote to the health authority asking for an apology and financial compensation for the woman. The letter of reply simply stated: "we cannot guarantee a 100 per cent recovery in every case".

Another solicitor also advised that it was not possible to prove the accident was caused by negligence, before Mr Roberts finally found one who managed to get the health authority to offer an out of court settlement.

This was 12 years after the incident.

When Mr Roberts tried to contact the woman with the good news he found that she was dead.





HOLIDAYS



HOLIDAYS



HOLIDAYS



HOLIDAYS



HOLIDAYS



HOLIDAYS



HOLIDAYS

## Venice with a buggy

by Valerie Lang

**!** Venice, the city which uses water where others use roads, has not changed for centuries. It is slowly sinking; floods are more frequent. It uses mainly motor boats now, reserving its gondolas for the tourists.

I go to Venice because I love water and the sight of buildings rising sheer from the canals. I also love the sense of timeless-

ness, not destroyed for me by the crowds of tourists.

Many people go for the art. There are paintings everywhere, in churches and galleries, on walls and ceilings, even on the pavements where today's artists will sell you their latest work.

There are only two ways of getting around Venice, by boat or on foot. Although I walk fairly well, I tire easily. So when I returned with a friend last October we took with us a buggy major.

It is ideal in many ways. When I am not using it, it is easy to pick up and carry over the many bridges or up the endless stairs in places like the Doges' Palace.

It folds up well for taking aboard the often crowded "vaporetti" (water buses). I was comfortable in it, particularly with an added cushion, and as we slung across its handles a large shoulder bag, I had a headrest to lean back against when studying painted ceilings.

The buggy's main disadvantage is that it has very small wheels. My 8.5 stones are not ideal in a buggy from the pusher's point of view.

Because Venice is criss-crossed by canals, you are always having to cross bridges. These are stepped and high to allow people in boats to pass under them without bending. If you could not get out and walk over them, then it would be very hard work for your helper. We did see two men being pushed across one of the bigger ones, but the helpers had to pause for breath at the top!

For someone who could not walk at all, a daytrip to Venice, combined with a holiday in another part of Italy might be better. You could see quite a lot by taking a complete round tour by water bus and easily find a pavement cafe for lunch. To go into almost any building means steps.

Italian plumbing is not like ours! Six years ago I must have been more agile as the public loos did not leave a lasting impression. This time they did. You should be aware that lavatory pans tend to be 6 inches off the floor, with not a lot round about to hang on to.

We took a Citalia package-trip. It was very good. It gave us the hotel we wanted and provided a water taxi, normally very expensive, from the airport to our hotel door and back.



A lonely buggy waits opposite the Friary church, Venice.

The Hotel Bizansio was very accessible. We had rooms on the ground floor, and although there were in fact 5 steps (not all

each had a shower and "British" type loo. Double rooms had baths instead of showers.

Venice is expensive. Our week's package, including flights and hotel and breakfast, but without other meals, cost £550 each.

It is worth going in Spring or Autumn, although you risk wetter weather. It is a little less crowded, and cooler for one's hard working helper!

**PS** from helper: Pushing the buggy is hard work but you learn the knack of it. If I lean and keep my back straight, it isn't too bad.

*Citalia brochure from C.I.T. England Ltd, 50 Conduit Street, London W1R 9FB, tel: 01-434 3844.*

*The Buggy Major is manufactured by Andrew MacLaren Ltd, Station Works, Long Buckby, Northampton NN6 7PF, tel: (0327) 84 2662. £130 or free through the DHSS.*

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## Israel in a wheelchair

by Henry Mara

**!** Land of the Bible, scenic wonderland, melting pot of nations and cradle of Christian civilisation, Israel is all this.

This small country is ideal to wander around. My wife, June, and I wanted a holiday without wear and tear. A caring travel agency, Travel Supreme of Maidenhead, arranged it.

Peter Bartlett, a director who is also an osteopath, visited us to assess my stamina. He recommended a scheduled flight with El Al and arranged all transport transfers in vans that take a passenger seated in a wheelchair - expertise gained with the 250,000 Israeli war veterans.

We went to three centres, Tel Aviv, The Dead Sea and Jerusalem, all 3 hours apart. June, who is able-bodied, took extra excursions while I had a siesta.

We stayed in 5-star hotels which had rooms where you could manoeuvre wheelchairs and bathrooms with toilet rails. They all offered room service meals. (Israeli breakfast is a feast with fruit, eggs, cheeses, fish and wonderful breads).

These rooms have to be booked months in advance because otherwise they are occupied by able-bodied people. Since guide books are never reliable, you must book a hotel that's been inspected and agents must doublecheck.

Tel Aviv is a small Mediterranean town with a French Riviera flavour. The Hilton, on the sea-

front, has perfect access to all parts of the hotel including outdoor pool and allows wheelchair rides along the beach.

The Dead Sea, lowest spot on earth, has the world's highest oxygen content. Here is an awe inspiring lunar landscape in the midst of a desert of dry riverbeds, craggy slopes and deep canyons.

The Sea has unique buoyancy. It is almost impossible to drown and makes physiotherapy movement and exercising easy.

Our hotel, the Moriah, had its own indoor pool and spa giving treatment with very high mineral content mud. The Moriah is fine for ambulant people but has no access to the beach.

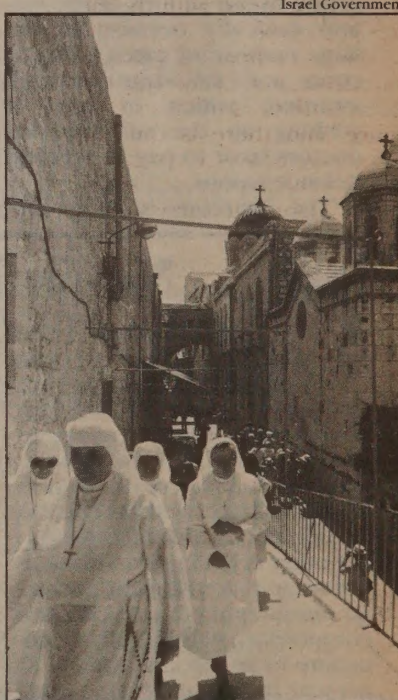
June was able to take a trip to the ancient fortress of Masada.

On our way to Jerusalem we visited the Ein Gedi kibbutz guest house, set in an idyllic oasis, which has specially adapted chalets for disabled people. You can travel daily to their spa which treats arthritis and cures psoriasis.

These trips cost far less if you travel in a group. You can hire a self-drive van that takes a wheelchair. Ein Gedi is a nature reserve, which even boasts a leopard.

Arriving in Jerusalem, the driver/guide took us around the holy shrines, the Great Mosque, Western Wall and the church of The Holy Sepulchre. Guides lift visitors right out of their wheelchairs to see the more inaccessible parts of the Church.

Again we stayed at a Hilton hotel where the room was large enough for a wheelchair to be moved around easily. There were no toilet rails but the management promised to add them



The domes and spires of Jerusalem.

provided they had specifications in time for any future visit.

At the hotel we made friends with some delightful American pilgrims who took us on a trip to Bethlehem where we attended an inspiring peace conference hosted by Arab Christians.

At Heathrow our agents had ensured that one of the newly designed taxis that takes wheelchair passengers was waiting for us.

The twelve days packed with interest had gone in a flash. Altogether it was a memorable holiday which went smoothly.

*Travel Supreme Ltd, Tara, Vicarage Gardens, White Waltham, Maidenhead, Berks SL6 3JE, tel: 062882 5016.*

## IMPORTANT ANNOUNCEMENT FOR THE DISABLED HOLIDAYMAKER BOSWELL & JOHNSON TRAVEL LTD

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# Camping

## the affordable way

by David Griffiths

There is little doubt that camping offers the most affordable way of enjoying the countryside and the greatest potential for overseas travel for many people with a disability. But you do need guidance to avoid pitfalls.

Motorhomes offer the greatest scope for more severely handicapped people. They can be made to carry just about everything from kitchen sink and video to showers and air-conditioning. However, all this at a price, and since the basic

evitably steep ramps. Once inside, you can be snug and dry whatever the weather, and there are various additions to make life easier.

Saltofix Hydraulics manufacture a unique caravan levelling system which should enable many disabled people to cope with the often impossible problem of lowering the "jacks" when pitching unaided, and there are powered winches and auto-guides to help with coupling and uncoupling.

It is often possible to have an existing van modified for wheelchair access; several enterprising small companies will help. Prices from £1,000 for a good secondhand 3-berth caravan to around £7,000 for luxury.

If you have an automatic transmission, the towing ability of the

the wet, but they do have their attractions. £1,500 upwards for a good one.

Down in the bargain basement are the tenters, who are the real enthusiasts, of course.

A simple 10ft x 6ft bell-end ridge tent is probably the best basic system.

Caranex offers a uniquely simple overnight or weekender possibility. Coupled to a small hatchback, you can have the world at your fingertips for a couple of hundred pounds and some decent weather.

Or you can follow the example of Maurice Stockton, who has polio, and built his own trailer tent based upon a design by fellow camper Edgar Webb.

Maurice's version includes the novel use of gas struts from estate car tailgates to hoist the roof into place. Inside there is room for cooker, toilet and two single beds plus a table, with ample room for a six-footer to stand, yet it folds down into a neat, low, self-contained trailer unit. Total cost was under £150.

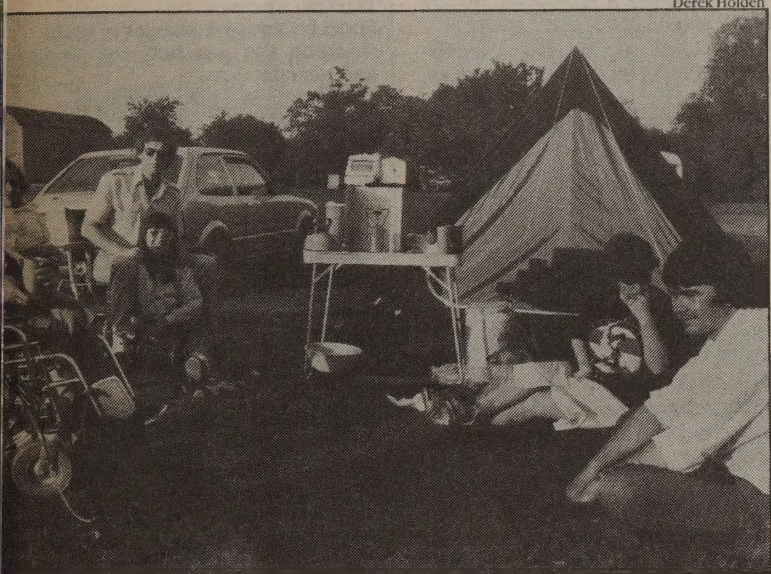
Some simple modifications to standard equipment is often all that is needed to enable someone with a handicap to experience the freedom of camping.

Camp-beds can be raised to suitable heights using battens securely fixed to the undersides.

Chemical toilets can be supplied with rails, and mounted on a wooden boarded base for added security. A couple housed in an old-fashioned Bell or Scout tent can enable a whole group to get away from it all.

David Griffiths has set up *Camping for the Disabled*. For £2 a year family membership, you get *Camping for the Disabled - Great Britain (£1 inc p&p for non-members)* listing over 200 wheelchair accessible sites in Britain; lists of accessible sites in France, West Germany and Switzerland, and advice on planning or equipment. *Camping for the Disabled*, 20 Burton Close, Dawley, Telford, Shropshire TF4 2BX, tel: (074377) 489.

Other addresses from DN.



David Griffiths (left) with friends at Leadons Park in the Cotswolds.

standard conversions are unlikely to be able to accommodate someone in a wheelchair without further modification, it pays to start with a basic unit, and have it equipped with the facilities you need.

Many companies, like Leisuredrive and Camperman, will do as little or as much as you require, and there is the added advantage of VAT exemption on a new vehicle provided it is correctly adapted to carry someone in a wheelchair.

Good bases include the latest Ford Transit SWB unit with its extremely cheap automatic transmission option and the much-loved VW Transporter, which can be had with both power-assisted steering and automatic transmission.

Expect to pay from £7,500 up to £20,000 or more for a Motorcaravan, but they do offer complete, unfussed freedom.

Caravans are considerably cheaper. CI Caravans do several excellent versions of their range especially for the disabled user, as do KIP of Holland. However, someone in a wheelchair usually needs help to negotiate the in-



Stockton's D-I-Y trailer tent - for £150.

## Tandem cycling when you're blind

Bob Phillips, 80, has just given up tandem cycling after a lifetime's experience. "I used to go tandem riding with my wife" he says, "and then she had twins so we had a double gents tandem and put the kids on the crossbar."

After many holidays on wheels, Bob began to lose his sight and finally went blind. He missed the outings.

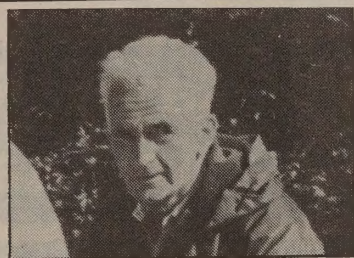
But he found someone with sight who was willing to go tandem cycling with him.

"It was wonderful to be out on the road again and feel the motion and the wind and smell the flowers," he says. "I had a good young chap on the front who talked to me about the scenery we were passing, the hay cutting and the wild roses in the hedges."

They would go off for an hour to an hour-and-a-half. "We went up some pretty steep hills."

For visually impaired people who would like to ride tandem with a sighted friend, Just Pedalling specialises in tandem holidays in East Anglia.

Alan Groves, the owner, himself a cycling enthusiast and ex-



road racer, plans to extend the holidays to blind people. "Most people seem to think it's a good idea," he says. His only concern is who will look after the guide dog.

Just Pedalling will provide a 3-speed tandem with large panniers, wet weather gear and a repair kit. It will also book bed and breakfast accommodation at known guest houses along the way. There is a good choice of routes taking in local beauty spots and graded for distance ("gentle" is 10-15 miles a day).

Length of holiday can be flexible, starting with a 3-night "break". One week (7 nights) would cost £150 per person.

Bob Phillips thinks it would make a good holiday.

Although his own tandem days are over, he's not giving up cycling. At Tate House, Harrogate, run by the RNIB, there's an exercise bike in his room. "I do 10 minutes 3 or 4 times a day."

Alan Groves, Just Pedalling, 9 Church Street, Coltishall, Norfolk, tel: (0603) 737201.



The McCanns with their Rapido Comfortmatic and awning.



Noel and Linda McCann and their daughter Kelly, from Bedworth near Nuneaton, are intrepid campers. Many holidays were spent under canvas, until Linda, who has Friedreich's Ataxia and now uses a wheelchair, found it difficult to manage on uneven ground. So 2 years ago they decided to try something else.

"Two alternatives faced us at the time: a trailer tent or a touring caravan," says Noel McCann. "We explored both and nearly settled on the Nimrod trailer tent, but it proved too difficult to erect by one person. Then we spotted the Rapido folding caravan, tried it out and found it to be a winner."

They use it regularly for main holidays and weekend breaks. "It is very easy to tow - we used to pull it with a Mini Mayfair automatic. It can be erected easily by one person and inside it is spacious enough to take a wheelchair."

Linda explains that since the door is not wide enough to get a wheelchair through she has an extra, old wheelchair she keeps for camping, and Noel lifts her from one to the other.

Inside, they've made their own adaptations. For example, the top bunk is used as a work-top. Noel has covered it with formica, cut a hole for a washing up bowl and sets the microwave oven there, so Linda can prepare meals.

"We tend to stick to bigger camping sites where we can get an electrical hook-up and some heating," says Linda. "I get cold in a wheelchair."

As members of the Caravan Club, they can go to sites like Black Knowl, Brockenhurst. The service block has hot showers and there is assistance for walking disabled people and a toilet for wheelchair users. (A portapotty is kept in the caravan).

This year the McCanns are planning a trip to France.

The Rapido Comfortmatic (the McCann's choice), 4 berths, costs £3,395. For a brochure, contact Rapido Caravans, 44 Birchington Road, London NW6 4JJ, tel: 01-328 2167.

The Caravan Club, East Grinstead House, East Grinstead, West Sussex RH19 1UA, tel: (0342) 26944. Joining fee £3 (only 1 person in the family needs to join) plus £15 subscription a year. You receive, among other things, site discounts and a site directory which includes information on services for disabled people.

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## Park House

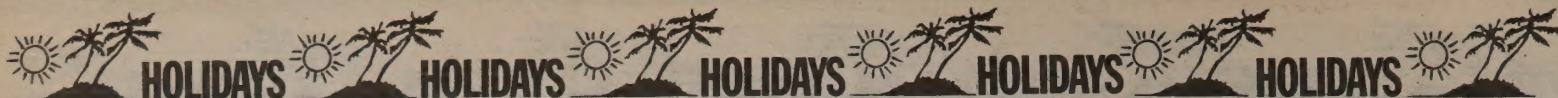
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## VOLUNTARY ORGANISATIONS

**Jubilee Sailing Trust**, Atlantic Road, Eastern Docks, Southampton SO1 1GD, tel: (0703) 631388. Sailing holidays for able-bodied and disabled people from 16-70, aboard the square-rigged barque "Lord Nelson".

**Winged Fellowship**, Angel House, Pentonville Road, London N1 9XD, tel: 01-833 2594. Holidays for disabled people whose disability may be severe. 3 holiday centres in Surrey, Essex and Nottingham for holidays and special interest fortnights and overseas holidays for small groups. Helpers provided.

**PHAB** (Physically Handicapped and Able-Bodied), Tavistock House North, Tavistock Square, London WC1H 9HJ, tel: 01-388 1963. Organises holidays in Britain and overseas. Send 50p for 1988 brochure.

**Churchtown Farm Field Studies Centre**, Lanlivery, Bodmin, Cornwall, tel: (0208) 872148. Run by The Spastics Society. Field study and adventure courses for children and adults.

**Park House in Sandringham Park**, birthplace and childhood home of Princess Diana, is a country house hotel run by the Leonard Cheshire Foundation. Brochure (with tariff) from Park House, Sandringham, King's Lynn, Norfolk, tel: (0485) 43000.

**Project Phoenix Trust** organises and runs study tours and interest holidays abroad for mixed physical ability groups of adults who may need a high level of personal care. Helpers are provided free. Write to Mrs V. Saunders, 68 Rochfords, Coffee Hall, Milton Keynes.

**Young Disabled on Holiday** (part of Holidays for the Disabled) caters for physically disabled people aged 18-30. Three or 4 holidays are organised each year. Voluntary helpers supplied. Contact Miss R Girdlestone, 6 Yewlands Drive, Boothsmere, Knutsford, Cheshire WA16 8AP, tel: (0565) 4973.



Sunshine and sparkling sea on a Threshold holiday.

## SPECIALIST COMPANIES

**Threshold Travel**, Wrendal House, 2 Whitworth Street West, Manchester M1 5WX, tel: 061-236 9763. The 1988 brochure includes self-catering in the Algarve, a new health centre in Yugoslavia and group holidays in Kenya, Egypt and Florida. If you need help, you must be accompanied by an able-bodied person.

**Chalfont Line**, 4 Medway Parade, Western Avenue, Perivale, Middx UB6 8HA, tel: 01-997 3799. Group holidays for disabled people, friends and families in the UK and abroad. The Liberation service offers coach excursions and day trips, eg London and France.

**Carefree Holidays** (incorporating Out and About), 64 Florence Road, Northampton, tel: (0604) 34301. Holidays at home and abroad. 20 per cent supplement for escorts on UK and air holidays. On continental coach tours people should provide their own helper. Holidays start from Leicester and Northampton but can pick people up

from further afield. Brochure.

**Boswell & Johnson Travel Ltd**, 2nd floor, International House, 82-86 Deansgate, Manchester M3 2ER, tel: 061-832 1673. This well-established tour operator now has a division providing travel and holiday arrangements for disabled people, headed by Sean O'Shea. Special travel offers and a newsletter are available to members of the Travel Club (membership £3 a year per family) refundable when you book and there's a 5 per cent discount on your second holiday in the same year.

## HOLIDAY INFORMATION

**The Holiday Care Service**, 2 Old Bank Chambers, Station Road, Horley, Surrey RH6 9HW, tel: (0293) 774535 is the main source of free information and advice on holidays in the UK and overseas for people with disabilities. It has vetted many hotels and holiday resorts abroad. There is a holiday helpers scheme, which introduces a disabled person to a holiday helper, tel: (0293) 775137.

**International Aid for the Disabled Travellers Club** can offer members with cars free travel or travel at reduced rates on some leading ferry services. Can also recommend accommodation, plan the route and provide information about facilities along the way. Enrolment fee £3, annual subscription £2. Applications to The Company Secretary, International Aid for the Disabled Travellers Club Ltd, Southern Area Office, 174 Caswell Close, Cove, Farnborough, Hants GU14 8TQ, tel: (0252) 516539.

**Care in the Air - Advice for Handicapped Passengers** is a free guide to air travel with advice on advance arrangements, fares, facilities at the airport and boarding and leaving the aircraft. Available from the Air Transport Users Committee, 129 Kingsway, London WC2B 6NN, tel: 01-242 3882.

**Directory of Airline Facilities for Disabled People**, published by Access to the Skies UK in conjunction with RADAR, explains the equipment and physical help available on 30 different airlines using UK airports. 25p from RADAR.

**Holidays for Disabled People 1988 (£3) and Holidays & Travel Abroad 1988 (£2)** are available this month from W H Smith or direct from RADAR, 25 Mortimer Street, London WIN 8AB (£4 and £2.75 respectively to cover p&p). The first is a comprehensive guide to holidaying in Britain, the second gives information on facilities in over 40 countries. Includes air and sea transport, accessible hotels, wheelchair hire, insurance requirements.

**Taking a Break** is a new booklet from the Kings Fund to help anyone looking after a relative at home to take a break from caring. It describes over 20 types of relief care for young and old people with all disabilities, and lists pros and cons for each option. Carers can write for one free copy to Taking a Break, Newcastle-Upon-Tyne X, NE85 2AQ. Others should send 60p.

## Missed out?

Here are some of the more important subjects featured in *DN* in 1987. If you would like a copy of any of them, send an A4 SAE to the Circulation Supervisor, Disability Now, (address page 16).

### January

Europe ducks the issue of employment of disabled people. Alternative therapies. Holidays: interview with Ron Wheel of Thomson Holidays, plus holiday information. 10 ways to change your life in 1987.

### February

Disabled People's International. "If I am treated like a child, how can I be sexual?" Workshop discussions sponsored by the World Health Organisation. Integration for visually impaired pupils in a Scottish School. Rainwear for wheelchair users. How to stand up for yourself.

### March

Speech therapy in danger of dying. Bridging the gap between design and manufacture. Integration in a nursery school. Your sporting chance! Boccia, weight training, water-skiing and aerobics, plus some equipment. Planning for retirement.

### April

Pat Daunt of the European Commission's Bureau for Action in Favour of Disabled People, an interview. A place to call their own - 3 long-stay residents on their own. Ideal Home Exhibition - equipment.

### May

Election special: party policies. Peace mission in Beirut - interview. Microtechnology news. Dogs that help disabled people. Nabil Shaban, actor, an interview.

### June

Integration in ILEA - a major step backwards, says parent. Dental health: the current situation, Moting: the Yugo. Eating out in front of others.

### July

Disabled people in USA commercials. TV bosses favour laws to ban discrimination - seminar. Mobility roadshow report. Northern Naidex: new equipment. Photography. Automatic transmission on small cars. Food to boost brain power?

### August

SPOD's 3rd Conference. Genetic counselling. College of Furniture exhibition. Acupuncture. Microtech news from Naidex. Disabled swimmers in clubs. Share your problems: BO.

### September

International Wheelchair Games. Cerebral Palsy Overseas - doomed? Isobel Ward, interview. Microtechnology news. Winter sports special. Understanding teenage angst.

### October

Community Transport conference. UK social services conference. Disabled people draft pioneering proposals for work centres. Sport festival and championships. Violence - a hidden problem? The Spastics Society's Big Week. 2 views of disability and how social barriers should be tackled. Bobbi Style - disabled megastar? Ski wear to keep you warm. Homosexuality and disability.

### November

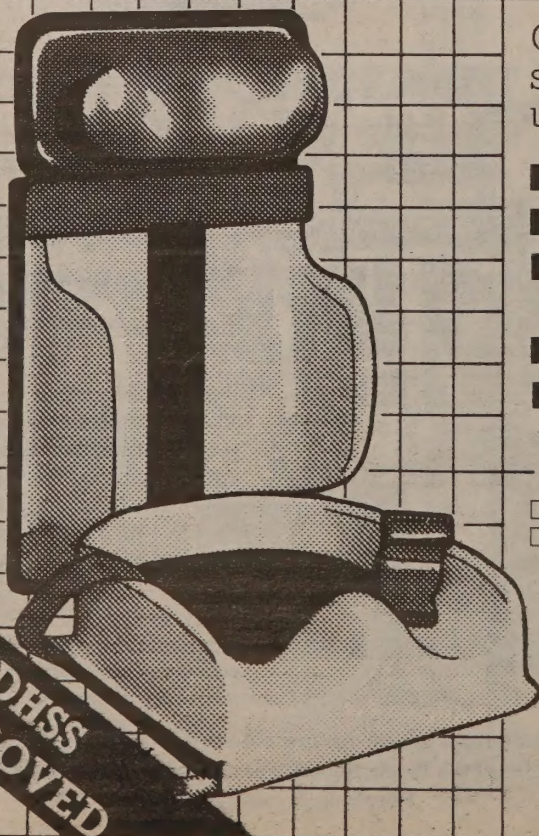
Abortion: 2 people with disabilities argue pro and con. St Marylebone Healing and Counselling Centre. Naidex: new equipment. Suzuki Supercarry microvan with Community Carry conversion.

### December

New Social Security Act - discussion and practical guide. The Spastics Society's AGM. Adam Reynolds, sculptor, interview. Family relationships at Christmas.

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DN 1/88



## Living independently

**In the first of a series, Lin Berwick tells of the pitfalls she experienced when she moved away from home.**

I expect, like me, you have often sat and pondered about your future, carefully considering the options - living with the family until your carer dies, residential care, or the wonderful world of independent living.

I am sure we have all fantasised about how we would cope, and in our minds we would be coping brilliantly. To achieve it, though, takes careful planning, courage and determination.

Some of you will know that I got married in July. I went from a very secure environment where my mother was always there, always at my beck and call, catering for my every need, to suddenly being left to my own devices from 7 in the morning until 5 at night. It was doubly difficult because I had to cope not only with independent living but also with marriage - the joy, adjustment and problems.

For a year before getting married I visited my husband's home and tried preparing meals in his kitchen, doing things and learning about the pitfalls. But it wasn't until I was faced with being on my own for 10 hours that the frustration and difficulties of coping became obvious.

If it had not been for a marvellous husband who supported me when sometimes it all seemed too much, and some good friends and home helps, I don't think I would have made it.

Perhaps some of the ways I have overcome problems can help you.

First of all, how was I going to break up the day and ensure that I would see someone?

Naturally, with my disabilities of blindness and cerebral palsy, I was eligible for home care support.

If your local authority permits it, try to spread out the hours of your home helps. Mine come on Tuesday and Wednesday so I know those two days are covered - someone will arrive - and in the very early stages, believe me, you are most thankful that they do.

Three hours from Social Services for domestic help and sometimes personal care is not enough, so I also employ a private home help, using my constant attendance allowance. She comes once a week, sometimes twice, preferably on alternative days to the local authority support.

I fill my time by studying for an exam in Christian doctrine, working as a counsellor for Carematch and *Disability Now*, having a weekly flute lesson, seeing people who give me clerical help and sometimes, if I am really lucky, going out for the day.

It is vital to pick up hobbies or interests you had before you started living independently and if you did not have any interests to create some. The worst part of the day is between 7am and 9am because one doesn't get many callers and friends don't phone. The radio is company but it distracts you from doing other things. I have learned that early morning is the best time for study.

Two things I did not plan for were the feeling of extreme tiredness and the time it takes me to do the smallest task. At first I got so mentally and physically exhausted that muscles went

into spasm and my legs became even more rigid than normal. The only way I could deal with the 10 hours was to cope for 10 minutes or half-an-hour at a time.

My biggest fear was being left alone in the house in case I should fall. Most local authorities have personal alarm systems which you can use to call for help in an emergency. Mine is a pendant that I wear around my neck all the time.



With the adoring Suki.

Another essential piece of equipment is the entry phone. I only let people in who I know are coming or whose voice I recognise. In my first week of independence, a man from the Electricity Board called to read the meter and was angry when I wouldn't let him in. He offered to put his identity card through the letter box but that was no use as I couldn't see to read it! Now I have been given a confidential password.

A cordless telephone is also, I think, essential: you don't have to chase to the phone when it rings, risking a fall, only to find that it has stopped when you pick it up. The cordless telephone is always in my pocket. In fact, I have two, one for work and one for private use.

Not all have a clip to attach them to a waistband and aprons usually have very shallow pockets, so in the early stages they were constantly falling out of my pockets and landing on the floor. I would spend a great deal of energy bending down, picking them up and putting them back in my pockets only to find after a few more steps that they would be back on the floor again. Then,

struggling to bend down and pick them up, I would knock my tripod sticks over and struggle again to pick those up. Sheer exhaustion, and the air was blue!

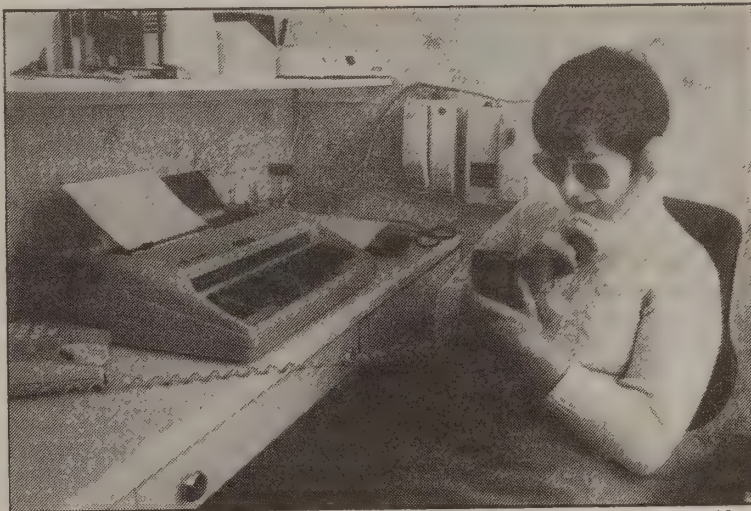
My sister-in-law came to my rescue, making me an apron that buttons down the front so I can get into it on my own. It has 2 deep pockets either side that will take the cordless telephones.

Leaning over the sink to wash up, I would make the sleeves of my sweaters wet and dirty, so now I have detachable elasticated sleeves which match the apron.

I was determined not to be lazy and resort to a wheelchair in the kitchen. I struggled to carry things from cupboard to sink or transfer them by sliding them along a work top, gripping my stick precariously in the same hand. Quite frankly I was a fool. I needed to conserve my energy.

For preparing meals in the kitchen I find the wheelchair is essential for safety. If I lean forward I can stack things behind me. I realise ideally I should have a tray on the chair but there is always the problem of screwing it into position.

Everyone assumes that it must be marvellous to have house



Lin at her work station, taking notes with a tape recorder. Behind her on the wall, the 2 cordless phones and on the shelf above the Piper Alarm system.

work done for them but I would much prefer to do things myself if I were physically capable. Home helps increase my feelings of inadequacy.

Invaluable as they are, they do invade one's privacy, through no fault of their own. No room or cupboard is private. If you need



Washing a cup while balancing with the help of a tripod stick is tricky. An apron and detachable sleeves keep Lin clean.

domestic or personal care then you have to develop an open house attitude.

Also, it is hard for home helps to remember where items go in so many different homes. This irritation has been overcome by labelling cupboards, shelves in the wardrobes, and so on, and I try to keep cleaning materials in one place.

Remembering when tasks need to be done like cleaning windows or curtains is not easy.

Clean clothes used to be there; now they have to be planned.

In the early days, tension sent me to the toilet, sometimes twice in one hour. There was a terrible fear, would I make it? And if not, what would I do, because I could not get clothing off my lower half? But these things can be overcome (and have been, at a price) with the help of Social Services. Once when the power failed in my Closomat, (a toilet that washes and dries) I was stuck for over an hour.

In spite of all these problems, I would not have missed independent living for the world. I enjoy going shopping and paying for the goods in the checkout. I enjoy waiting for my husband to come home from work and I get a great kick out of managing new tasks and seeing my husband's pleasure.

It's wonderful to be able to invite someone for meals, to go out for the evening and not worry that you are stopping people from going to bed. I love making decisions.

The first few weeks were horrendous, but if you are determined to do it, don't give up. Be prepared for the exhaustion and hope that you have a friend or partner who understands.

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Kate Poulton or Margaret Page at Hackney Council Women's Unit, Town Hall Annex, Reading Lane, E8 01-986 3123 ext. 484 (01-533 2216 answering machine outside office hours).  
And from: Marina David, Hackney Council Community Development Unit, Central Hall, Mare Street, London E8 1EA. 01-986 3123 ext. 426.

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## OUTLOOK BOOKS

### Mental Handicap and Sexuality: Issues and Perspectives

by Ann Craft  
(Costello, paperback, £10.95)

People with learning difficulties (mental handicap) have extraordinary problems in being thought of as sexual people with the same rights, restrictions and

responsibilities as others. They also come from as many differing cultures, backgrounds and beliefs.

Ann Craft, a pioneer in sexual education for people with learning disabilities, has produced her fourth book on the subject, gathering a diverse group of contributors from England, the Netherlands, North America and Australia. Many of the 11 authors, with backgrounds in education, psychology and social work, are as well known as Craft herself.

Hilary Brown is worth reading on her experiences of working with parents; so is Linda Andron, who with Alexander Tymchuk addresses the complex issues of sexuality when parents themselves have learning difficulties.

There is a contentious chapter by Linda Mitchell on charting in-

appropriate sexual behaviour with a view to altering it. This may be hotly debated within the field because of the ethical issues involved in using techniques to change behaviour, and Mitchell mentions this.

Jean Ware writes on developing a morals and ethics curriculum for students with severe learning difficulties. Drawing on her work in a school in Ealing, she has produced a detailed curriculum which takes into account the pupils' sexuality. This is a new contribution to the field - important and thought provoking.

A particularly useful contribution by Ellen Anderson Brantlinger on influencing staff attitudes includes a 45 question "attitude inventory" which many people involved in training will wish to

try out.

I found the book compulsive reading and I am sure other readers - parents, carers and professionals - will too.

Rosemary McCloskey  
Castle Priory College

### Plays for Special Needs

by Myra Kersner  
(Alphabet Books, PO Box 75, Colchester CO3 4JS, £2.99 each)

There are few practical starting points published for drama for or by people with special needs. Myra Kersner suggests 2 "successful" examples written for the "E.S.N.(S) range" and "enthusiastic mentally handicapped men".

The limitations of these publications are not confined just to patronising, dated terminology.

*Ali Baba* was chosen as "an old favourite" - of E.S.N.(S) men, aged 20-70 years? *Space Oddity* equates "space" with imagination. The characters suggested (eg daleks, cybermen) are more likely to encourage *Dr Who* reruns than creative drama.

The method of production, so often the key to success in this field, is narration, by "someone able to control the action." One example will demonstrate the "technique".

*Freddie*: "Oh dear! I wish I could build this spaceship right."

*Narrator*: His friend tried to encourage him and said *Friend*: "I'll help you."

Minor criticisms include facile suggestions for adaptation (eg "more or less characters may be included"), inappropriate material (did you know that *Ali Baba* includes 42 murders?) and a review copy in which 4 of the 32 pages were not printed.

But there is imagination here, and humour.

*Narrator*: Where could Freddie be? The Professor was puzzled. Then Dr Cameron found something on the floor and said:

(finds rock and footprint. Holds them up).

*Dr Cameron*: "Look! Some rock and a footprint."

Despite 3D footprints, Myra Kersner's impressive qualifications, a foreword by Roy McConkey, and an elusive Freddie who cannot seem to get things right, these publications cannot be recommended.

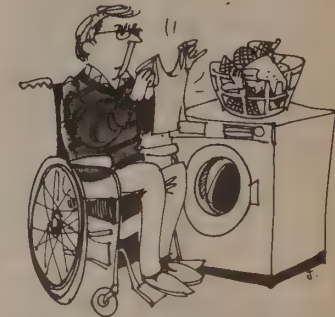
Roger Billinge  
Meldreth Manor School

### Booklets

*Fabricwise: fabric choice for people with disabilities* by Ginny Jenkins and Jane Lamb, published by the Disabled Living Foundation, £2.50 (inc p&p) from Haigh & Hochland, International University Booksellers, The Precinct Centre, Oxford Road, Manchester M13 9QA.

A succinct, practical guide to help you choose the right fabrics for your needs and disability. By bearing in mind such properties as weight, warmth, texture and washability, you may actually reduce some of your problems.

At the end there are lists of natural and man-made fibres and mixtures and some useful addresses.

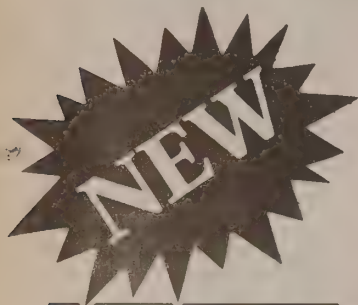


"... or it will shrink considerably".

*When Beggars Go Bolshevik* by Tom Lannon, Workers' Educational Association, 322 Lawnmarket, Edinburgh, £1.50 is based on a WEA course in Stirling in 1985. It tackles the stigma of "disability" and tries "to peel away some of the many layers of myth and oppression surrounding this problem," finding in the process that people with disabilities are becoming more positive and more articulate about themselves.

The booklet ends with some rather good "disability etiquette" for handling a non-disabled person and tips for TABs (Temporarily Able-Bodied). For individual reading or as a basis for group discussion.

Mary Wilkinson

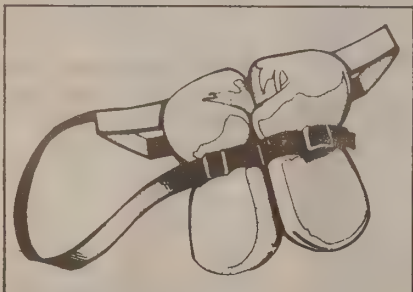


# DANMAR PRODUCTS

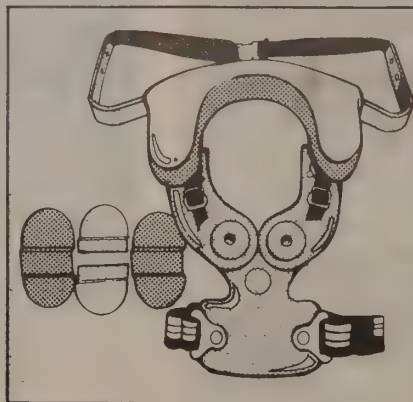
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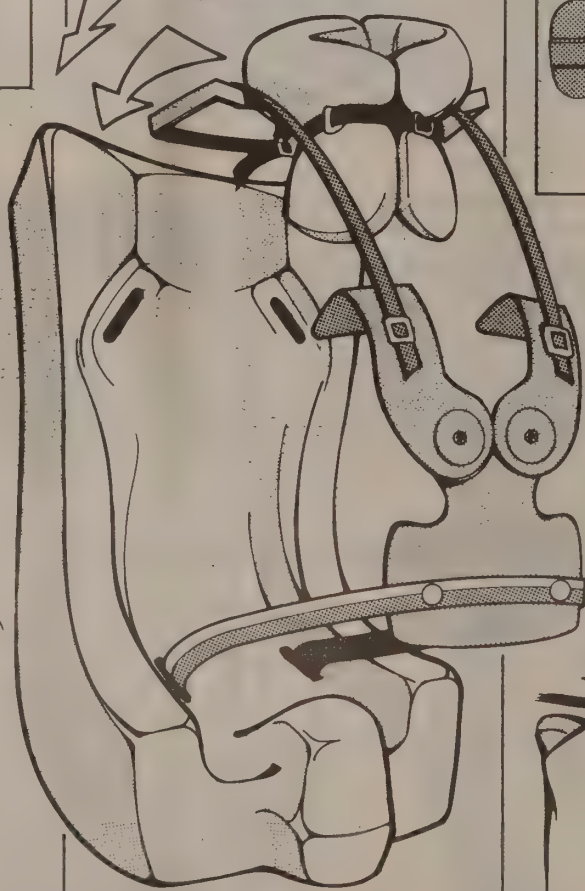
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DN 1/88



## OUTLOOK

## THEATRE

## The Traveller

Dysphasia is a language disorder caused by brain damage, and most common after a stroke – if you thought this a strange choice of topic for a Christmas season show *The Traveller* would have proved you wrong.

Based on the recent experience of Joseph Chaikin, Jean-Claude van Itallie's play explores the new world of a successful composer after a stroke leaves him with dysphasia, unable to read or communicate in speech or writing.

Supported by those closest to him, particularly Aaron, a girlfriend, he becomes a "traveller" embarking on a long and painful journey to find new ways of communication and expression.

The travel metaphor runs as a thread through the piece, linking adventures through layers of emotion, all quite naturally leading to the use of striking, surreal



Ben Roberts (left) and David Threlfall: "positive and absorbing."

images. Tightly choreographed movement, at times balletic, was incorporated to good effect.

David Threlfall's powerful portrayal of "the traveller" was studied, sensitive and absorbing in this gripping production, and Morag Hood as Aaron provided a good balance with her economic performance.

With a composer as the central character the use of music throughout the play was eminently appropriate as well as mood-enhancing.

Joint composers Mark Springer and Sarah Sarhandi should be commended for the brilliant music which underlined the action and never dominated it or verged on the self-indulgent, except in the first scene when the actors had to compete with the volume and lost.

Other than that the musical element was skilfully interwoven, emphasising moments of discord or harmony within "the traveller" himself, and the sudden dramatic change from home

to hospital surroundings. The hospital scenes achieved a realistically cold, clinical atmosphere by swift removal of the composer's warm clutter and hanging blinds to leave only a skeleton set.

Never sentimental, *The Traveller* was moving, yet with the right amount of razor-sharp humour to prevent it becoming ponderous or depressing.

Significantly, the word disability did not occur once during the show, which was refreshingly free of jingoistic language.

This is because the treatment of disability was more subtle than in propaganda theatre and universally applied in the sense that it looked at the dis-ablement of people generally. The play raises the question of whether the composer was more disabled before his stroke by leading a life so crippled by work that "humans are turning into telephones". It is a moment of triumph when he recognises the stroke as, ironically, "a blessing".

Another unforgettable line "I'm not afraid of dying. I'm just afraid of living diminished" embodies a universal fear.

Anyone disillusioned with Christmas panto superficiality would have enjoyed this play. Positive and uplifting, it was a truly festive show.

Ellen Wilkie



## Pie in the sky?

*Pie in the Sky?* (C4, 20 November), despite being a recycled version of two *Link* programmes, deserved its slot in mainstream television.

Programme makers often interpret "human interest" as emotive sentimentality to distinguish it from factual documentary. This film from Rosalie Wilkins and Patricia Ingrams showed that it is possible to be both informative and individual in such a programme without sensationalism. We were informed about the Cardiff Nimrod Community Care system for people with mental handicap, while getting to know, and like, the subjects of the film.

I watched the second half of *Coma* (BBC 1, 2 December), about a young girl, Connie, slowly recovering from an accident which left her unconscious for a long time and later brain damaged.

Her recovery cannot be doubted, and she was an extremely likeable subject. The problem lay in the way the film was structured.

It was part of Desmond Wilcox's series *The Visit*. Mr Wilcox is certainly an extremely humane person but he does tend to deal in contrived emotive images. Sequences which showed Connie walking through the park hand in hand with her idol Shakin' Stevens, with sentimental musical accompaniment, or riding through banks of daffodils in slow motion, are not included by accident.

Her story was worth telling, and should not need this kind of manipulation.

## Pick of the year

At the turn of the year, why should I resist looking back over the best and worst of 1987?

Regrettably, there is only one drama among my highlights, and that comes from America. Nevertheless, it must be my programme of the year: the *Cagney and Lacey* episode *The Right to Remain Silent* (BBC 1, May) cleverly used the stereotypical pathos of deafness as an alibi for a double murder.

The best documentary also featured deafness. Nigel Evans' *Pictures in the Mind* (C4, April) traced the history of the suppression of British Sign Language.

The best documentary series, regrettably only shown in the Thames area, was a four part primer in how to obtain the maximum use from Tom Clarke's Disabled Person's Act. I still recommend that *Getting In On The Act* (Thames, July-August) should be shown everywhere.

*United in Fury* (C4, July), was resurrected *Link* material, but was deservedly shown to a wider audience, allowing more people to understand the inequality of disabled people's financial situation.

The worst programme of last year (and hopefully any year!) was Cliff Morgan's *Special Olympics* (BBC 2, August), ostensibly about sports competitors, but actually about "pathetic but valued" mentally handicapped people. A copybook example of what should never be repeated.

Chris Davies



Vauxhall Nova: beneath the improved exterior, basic and tough.

## Vauxhall Nova has auto-clutch

by John Byworth

The Vauxhall Nova is now available with an automatic clutch which makes it a real option for the disabled driver.

The Nova is a tough, reliable little car, popular with both fleet operators and hire companies. One fleet I know has 13 in various versions and over the past 3 years there has been only one major breakdown.

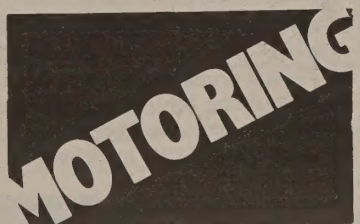
The car looks like the old Vauxhall Chevette or Astra, but the paint finish is much improved. Inside it is basic and plastic – which for a disabled driver is an advantage because there is nothing in the way when you get in and out.

The test car I had was a saloon with doors only 42in wide – rather narrow for a 2-door car – but my passenger and I found the seats were firm and contoured, allowing us to slide in and then sit supported comfortably.

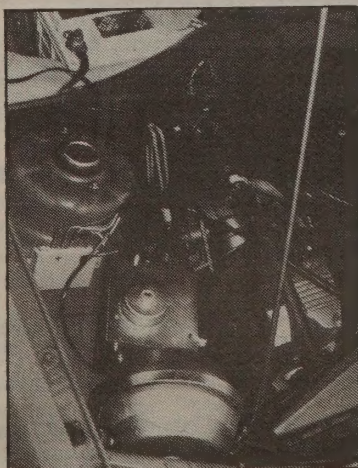
The 1.2 litre engine gives ample power and my test car did 40mpg easily. Because the steering wheel is set fairly low, there is extra leverage when you come to park, so power steering would not normally be needed, even though this a front-wheel car.

The most impressive thing about the Nova was the quietness. Even at high speed there is little wind or engine noise.

Driving every day through London was a good test of the



automatic clutch – an electronic vacuum clutch operating through sensors on the brake pedal, gear stick, accelerator pedal and so on. In five days it never faltered and it worked equally well on the highway. How long it would last I don't know, but I wouldn't expect a shorter life than the manual.



The new clutch fits snugly.

Having learned how to use it, I am so hooked, I'm thinking of having one myself.

The clutch fits under the bonnet of the Nova rather well: there is space for the vacuum reservoir and the servo units. It could also, of course, be fitted to other makes, including possibly the Skoda and Yugo (see DN Octo-

ber '85 and June '87) and would allow other drivers who have become disabled to continue driving their own cars or using a manual gear box.

Neither of my disabled test drivers would take out the Nova because of the manual gear box: they were not covered by their licence, they said, and since they had never used gears, they didn't want to start now! But potential disabled rally drivers might think differently. At £765 the clutch is not cheap. But I hope somebody has a go.

Although at present a driver of this car must have a licence for a manual gearbox, representations are being made to the licensing authority to relax the regulation.

For more information on the Nova contact David Alston, Vauxhall Motors Ltd, PO Box No 3, Luton LU2 0SY. For clutch information contact Brian Page, Vauxhall Motors, 18 Pooley Green Road, Egham, Surrey, tel: (0784) 35850.

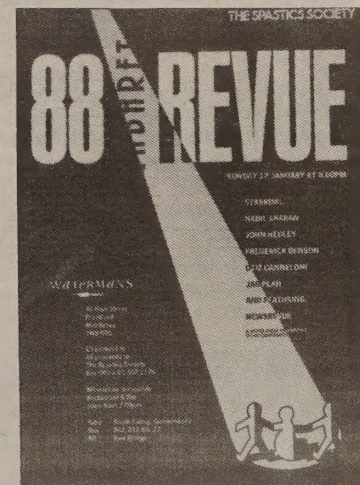
★ A new brochure, *Being Disabled Needn't Be a Handicap*, draws attention to the qualities in Volvo cars which could appeal to disabled people: eg wide doors, a large boot, safety features, plus pictures of adaptations and equipment and a list of independent mobility advice centres. From Volvo dealers.

★ The North Kent Audi Volkswagen Group, Whitehouse, now has a section at its Dartford showroom which deals with the motoring needs of disabled people, headed by Alan Hughes, Disability Driving Manager. Whitehouse can supply any make or model of car with adaptations suited to your needs, help arrange payment schemes and even visit your home. *Whitehouse (Dartford) Ltd*, 474 Princes Road, Dartford, Kent DA1 1YT, tel: (0322) 77231.

★ Esso has produced an updated directory of its service stations offering assistance to disabled people. Hours of opening are not always the same as hours of help and toilets for disabled people are in short supply. But a useful booklet to keep in the car. Free from *Eros Mailing Co Ltd*, Central Way, PO Box 2, Feltham, Middx TW14 0TG.

## Look out for . . .

'88 Cabaret Revue, starring Nabil Shaban, John Hegley, Frederick Benson, Otiz Cannelloni, Jag Plah and Newsrevue on Sunday 17 January at 8pm. £5 (£4 concs) all proceeds to The Spastics Society, at the Waterman's Arts Centre, 40 High Street, Brentford, Middlesex. Tel: 01-568 1176.



The Arvon Foundation's 1988 programme of courses, which begin in April, is now available. This charity allows people with a genuine, active interest in writing to spend 5 days in one of their 2 rural centres at a subsidised price. Professional writers act as tutors in poetry, TV and radio writing, fiction, playwriting and journalism, all taught and discussed in a relaxed home atmosphere. Each course costs £110, (grants available for low and un-waged) inclusive of food and accommodation (in a thatched 11th century manor house). Limited accommodation to suit most disabilities. Details: Arvon Foundation, Tottleigh Barton, Sheepwash, Devon EX21 5NS.

Path Productions, the theatre company that integrates able-bodied, physically disabled and mentally handicapped actors, has a new show for January. They are performing George Bernard Shaw's *Androcles and the Lion* at the Jeanetta Cochrane Theatre, Southampton Row, London WC1 between 15-23 January, with sign language interpretation on 15, 19, 20 and 23 January.



# Share Your Problems

With Margaret Morgan

## What future for those born disabled in 1988?

A Happy New Year to all of you!

In 1988 765,000 babies are likely to be born in the UK. Based on the Honeylands project, developed in Exeter during the 1970s and still flourishing, one could estimate that about 25,000 of the babies born during 1988 will either have definite disabilities present at birth or will have been diagnosed as having a handicap or become handicapped before they reach school age. A new book on Honeylands\* will be published early this year and author Professor Frederic Brimblecombe considers that, although the original survey was completed just over 14 years ago, there has been little change in incidence since then.

Whatever the actual number, and accurate figures are notoriously difficult to get hold of, a substantial number of families will be affected and a sizeable number of babies and young children will need very special care and help.

In view of the prevention campaigns which took place around 10 years ago, one would have hoped that the incidence of disability among babies would be reducing steadily.

It is difficult to be sure of the current situation because some babies will have disabilities that are evident at birth, some will have developmental disorders like cerebral palsy which will not be apparent straightaway and others will have illnesses or accidents during their early years which will result in life-long handicaps.

Certainly the standards of maternity services and special care for new born babies have improved. One result of the improvements has been that more

babies and young children are surviving prematurity, trauma and serious illness, though some are growing up with a disability.

As far as pre-school children are concerned, co-author Philippa Russell agrees that the overall number of disabled children is not changing, but the pattern of childhood disability is.

Other factors also influence the incidence of disability and the changes in the Abortion Act proposed by David Alton could well increase the numbers of babies born with specific disabilities like spina bifida. This bill comes up for its second reading on 22 January.

I very rarely receive letters from parents of young children. Yet it is clear from the Honeylands and other surveys that parents do want information, support, contact with other families and, perhaps above all, time to talk.

### Share your problems by phone

If you want advice on a personal or spiritual problem, why not talk to Lin Berwick, Disability Now's telephone counsellor, who is disabled herself?

Lin is at the end of the line on Monday afternoons from 1pm to 5pm, and on Thursdays from 6pm to 10pm.

Her telephone number is Hornchurch (04024) 58325.

Babies and young children also need specialised help at an early stage to enable them to take their full place in society later in life.

During recent years, special needs have been much more clearly identified. Parents have spoken, written about and campaigned for the services that they want. Professionals from all disciplines have described and set up multi-disciplinary models



Simon Crompton

of treatment and new methods of early education have been introduced. So, in theory, the baby with special needs born in 1988, and his or her family, should have vastly improved services and much greater understanding and social acceptance.

But what about putting theory into practice? With financial restrictions and cuts on all sides it seems increasingly difficult to meet everyone's expectations. And as standards improve, the expectations of parents, people with disabilities and professionals rise too. With advances in medical and many other techniques and the obvious benefits of the microchip, new demands are constantly being made on all the statutory services: demands which they find increasingly difficult to meet and the resulting delays or refusals increase frustration on all sides.

A great deal can be done, however, by co-operation at local level, as well as by keeping up the pressure on national and local government.

Each new family with a baby with special needs has a new situation to face, new emotions and tensions to cope with and new information and services to find out about.

Much of this help and support depends on good communication – and this means listening as well as talking. And talking in a language and at a level that your listener can understand and absorb.

This takes time and, to some extent, time is money. But there are many people who can find, or make, time to help, and this may be by becoming better informed and by changing our own attitudes. The main disability groups will all have information and let you know ways in which you can help.

Perhaps our New Year resolution for 1988 should be to ensure that babies with special needs who will be born this year are given a good start in life.

\* *Honeylands: developing a service for families with handicapped children*, by Frederic Brimblecombe and Philippa Russell, price £7 (or £5.50 to NCB members), from the Voluntary Council for Handicapped Children, National Children's Bureau, 8 Wakley Street, London EC1V 7QE, tel: 01-278 9441.

## ANNOUNCEMENTS

**Wills and Discretionary Trusts.** A new booklet for parents of disabled children explaining how to provide for them after your death or when you can no longer care for them. It advises on effects on benefits and taxes of the wills, guardianships and trusts available.

**Housing and Housing Adaptations for people with disabilities** explains types of special housing, the obligations of local authorities and housing associations and grants available for house owners to adapt their homes. Both free from The Spastics Society, Information Department, 12 Park Crescent, London W1N 4EQ, tel: 01-636 5020.

# What's On

## Conferences and leisure

**A demonstration day of equipment** for physically and mentally disabled children will be given by Disabled Living Services on 13 February from 10.30am to 4.00pm at Redbank House, 4 St Chad's Street, Cheetham, Manchester. Care, education and play equipment manufacturers will be displaying and answering questions. Free entrance. For details tel: 061-832 3678.

**Communication with deaf-blind people.** Sense and the Royal Association for Deaf People are running a 6 lesson course to teach communication with deaf-blind people starting 24 February. Lessons weekly, no experience necessary. The RAD Centre, Clapham, South London. Fee £10. Contact Louise Gray, Sense, 311 Gray's Inn Road, London WC1X 8PT. Tel: 01-278 1005.

**Talking Touch** is a free seminar on the use of touch in museums and art galleries organised by Museums and Art Galleries Disability Association and RNIB. 29 February at RNIB, Armitage Hall, 224 Great Portland Street, London W1N 6AA. Contact Anne Pearson, tel: 01-636 1555.

**Intermeditech** is an international medical technology exhibition and conference on 1-4 March, in Glasgow. For details contact SEC Exhibitions, Conference Centre, Glasgow G3 8YW.

**New technology for disabled people.** A practical 1-day course on 5 March at St Chad's Primary School, Pittingham, Nr Wolverhampton, Staffordshire WV6 7AQ. It will include low technology leisure aids, versatile mobility aids, and technology at home, school and work. Fees: £8 professionals, £6 voluntary workers, £8 families. For details write to Mavis Fox at above address.

**Arts training courses.** Leicester Polytechnic will be holding 7 beginners courses including Booking a Tour (9 March) and Financial Administration (11-12 May) as well as courses for more experienced arts workers. For details phone Christopher Maughan or Karen Hulett on (0533) 431011 ext 247 or write to Arts Training Programme, Leicester Polytechnic, FREEPOST, Scraptoft, Leicester LE7 9PZ.

**Learn how to run your own business** on a free 10-day course run by the Royal National Institute for the Blind. Open to any visually handicapped person with good business ideas or already self-employed. Two sessions: 21 March – 26 March and 11 April – 13 April with follow-up day 3 months later. Applications to: Gillian Paschkes or Zoe Wavell, RNIB Commercial Training College, 5-6 Pembridge Place, London W2 4XB. Tel: 01-229 6673

**Art and Touch Education for Visually Handicapped People** is a seminar on 25-26 March at Leicester University, Manorcroft, Manor Road, Leicester. £44.50 residential, £33.70 non-residential. For details tel: Eleanor Hartley on (0533) 522455.

**Disability, Handicap and Policy** is an international conference on 27-29 July in Bristol. Contact Len Barton, Dept of Education, Bristol Polytechnic, Redland Hill, Bristol BS6 6UZ.

**People First**, London and Thames Region, a self-advocacy organisation for people with disabilities, is holding an international self-advocacy conference on 2-11 September 1988 at St Mary's College, Twickenham, Middlesex. Cost will be about £200-£250 all inclusive. For details write to People First, 126 Albert Street, London NW1 7NF or tel: 01-267 6111 in February.

**Wheelchairs and special seating** is the subject of an international conference in Dundee on 12-16 September. Contact Dundee Limb Fitting Centre, 133 Queen Street, Broughty Ferry, Dundee DD5 1AG.

## Courses at Castle Priory

**Housing and Residential Accommodation for People with Disabilities** – an intensive, multi-disciplinary workshop examining special needs accommodation for people with impaired mobility, and the roles of the professions: architects, administrators and occupational therapists. 8-10 February. Tuition £85, residence £47, non-residence £17.

**Language Development and the Microcomputer** – offering a framework for developing skills, concentrating on the 25 "catch-up" project discs. A high level of competence is necessary to fully utilise the flexibility of the programs. 15-17 February. Tuition £100, residence £51.35, non-residence £21.75.

**Encouraging Creative and Expressive Writing with Microcomputers** – plenty of hands-on experience in creating computer adventure stories, animated stories, posters and magazine production. 17-19 February. Tuition £100, residence £51.35, non-residence £21.75.

**Supporting Classroom Teachers** – for advisory teachers working in ordinary schools where there are children with special needs. 19-20 February. Tuition £35, residence £28.15, non-residence £17.

**Developing Listening and Reading Skills** – for teachers and classroom assistants working with children with special needs. Includes talking and listening, reading aloud and the production of resources. 26-28 February. Tuition £50, residence £47, non-residence £17.

**Befriending and Advocacy** – for those involved in setting up or developing befriending or advocacy projects for people with learning difficulties or physical disabilities. 29 February – 2 March. Tuition £50, residence £47, non-residence £17.

For more information or a full course programme write (enclosing stamp addressed envelope) to Castle Priory College, Thames Street, Wallingford, Oxon OX10 0HE. Tel: (0491) 37551.

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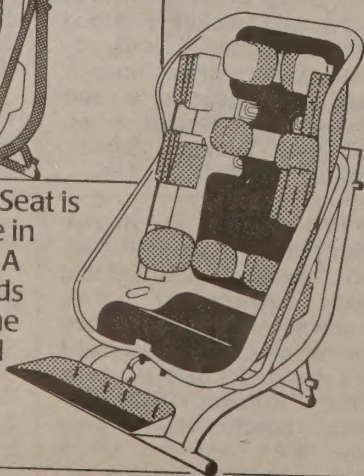
## SNUG SEAT

The Ortho-Med Snug-Seat has been designed and developed by Rehabilitation Engineers to enhance the sitting position of the younger disabled child

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ORTHO-MED, 5 Loaning Road, Edinburgh EH7 6JE. Tel: 031-652 1603



## PEOPLE



Ken Ridley competed with the world's best racers in the Lombard Rally.

A disabled Tyneside sub post-master proved himself a "first class male" at the end of November by competing in and finishing the gruelling Lombard-RAC Rally for the third year running.

Ken Ridley, 31, driving a Post Office sponsored Ford Sierra finished in the top half of the field and 12th in his class of car.

Only about 20 drivers have ever completed Britain's premier car rally in 3 consecutive years, and Mr Ridley's achievement is all the more impressive given that he was born with shortened arms as a result of a thalidomide-type drug, and a hole in his heart.

The only allowance permitted for his disabilities is a slightly extended gear stick.

Earlier this year, Mr Ridley's 8-year rallying career seemed at an end when the RAC Motorsports Association introduced a new rule banning disabled drivers from holding rallying licences.

He appealed successfully, showing the same determination and dedication to the sport that led him to postpone his wedding by several months to concentrate on his driving technique.

Geoffrey Clarkson has been

appointed the first director of the National Autistic Society. He takes over from the society's retiring general secretary Monica White.

Mr Clarkson, 52, was director of the Community Projects Foundation, the Home Office sponsored national community development agency. He is a non-stipendiary minister at St Mary's Church in Hampton, Middlesex, and was recently elected to the London Diocesan Synod.

His main priorities are to develop information and support services for parents of autistic children, and to look at provision for autistic adults. He is also concerned to increase awareness of autism.

Ted Little is the new director of Artsline, London's free access to the arts advice and information service for disabled people.

He hopes to use his extensive arts admin experience at Northampton Arts Centre, London's ICA and Birmingham Arts Lab to "widen and refine" Artsline's computerised access service. He is also keen to liaise with regional arts associations to set up further Artsline-type services in the UK.

## CLASSIFIED

## Find-a-friend

**EXCHANGE VISIT TO WEST GERMANY** Bjorn Glaser writes: I am 18 years old, disabled with cerebral palsy since birth. I live in Hamburg with my family. When my schooling is finished in 1988 I want very much to find an English family to stay with for 6 months, or possibly a year. During this time I would like to attend a local college to improve my English. I want to get in touch with a family who have a son or daughter (disabled or able-bodied) who is interested in participating in an exchange and who would like to spend 6 months or a year living with my family whilst I live with theirs. Outdoors I use a wheelchair, but indoors I prefer to use crutches. I would like to start corresponding with potential families this year, and would then visit England with my family in the spring to meet them and decide if my idea can be realised. I really do look forward to hearing from you. Anyone who is interested should contact Penny Rigby, Regional Manager, The Spastics Society, CGA Building, Icknield Way West, Letchworth, Herts SG6 4BB.

**MELDRETH MANOR SCHOOL REUNION** We are having a reunion on Saturday 23 July 1988 and would like to see everyone who has attended over the last twenty-one years. If you are interested ring Janet Crick, tel: (0763) 60771.

**MALE, 41**, would like to meet young lady with view to socialising. Interests include reading, writing poetry, dining out and travelling abroad. Will share expenses if lady is car driver. Hope to meet someone with good sense of humour. Please write to Box No 501, *Disability Now*, address on page 16, marking envelopes Private & Confidential.

**MAN WITH CP, 32**, seeks genuine girlfriend, 21-32 for lasting relationship. Interests include concerts, cinema and eating out. I drive a car and can travel. Replies to 89 Gleneagles Road, Yardley, Birmingham B26 2HT.

**PHYSICALLY DISABLED YOUNG MAN, 27** years, would like to write to a young lady resident in France or Italy. Please contact: Ian Bridgewater, c/o Midland Spastics Association, Victoria Road, Harborne, Birmingham B17 0AQ.

**RETIRED BUSINESS LADY**, widow, arthritis sufferer, in 40s, with own home and car would like to correspond with gentleman with similar interests, any nationality. I am plumpish, genuine, with a good sense of humour, and a dog lover. I like the countryside, quiet pubs, English literature and good music. Please write to Box No 502, *Disability Now*, address on page 16, marking envelopes Private and Confidential.

**YOUNG GIRL, 18** studying English Language, Sociology and Psychology at college would like to correspond with male penfriends, any nationality. Loves dogs

and showing them. Genuine, sincere, all letters answered. Please write to Box No 503, *Disability Now*, address on page 16, marking envelopes Private and Confidential.

**QUIET WIDOW, 60**, caring for cp 20 year old son, has very little social life and would love to find a friend. I live in Bishop Auckland, Co. Durham. Please write to Box No 504, *Disability Now*, address on page 16, marking envelopes Private and Confidential.

**YOUNG DISABLED MAN (24)** seeks an able-bodied girlfriend 16-35 for lasting relationship. Varied interests. Please write to Box No 505, *Disability Now*, (marking envelopes Private & Confidential).

## For Sale

**WESSEX SLIMLINE STAIRSEAT**, 1984 model, used one year only, now dismantled and stored. Offers considered. Tel: (0795) 533756.

**AUSTIN METRO CHAIRMAN**, 23,000 miles, 2 owners. Very good condition. £5,000 ono. Tel: Newbury (0635) 43118

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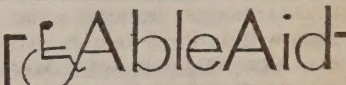
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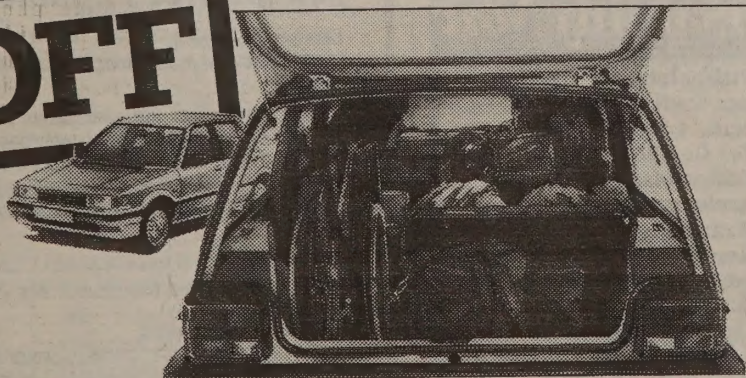
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To take advantage of our Mobility Scheme discount, call in at any Austin Rover dealer, who'll also arrange to make any modifications necessary through an approved specialist.

Alternatively, post the coupon for an information pack complete with price list and authorisation form. Either way, you'll see that being disabled doesn't mean being disadvantaged.

\*Rover 800 series not yet available.

To: Mobility Scheme Department, Austin Rover, Longbridge, Birmingham B31 2TB. Please send me details of your mobility scheme.

Name \_\_\_\_\_

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DN/1/88

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## Manchester - Britain's first "Access City"

Manchester will become Britain's first fully accessible city within a decade if public, private and voluntary sectors pull together and consider disabled people's needs, said City Council leader Graham Stringer.

The council is spending £1.7 million over the next 2 years on disabled people's access and over £500,000 on improving the Town Hall and its extension.

Speaking at the launch of the "Making Manchester Accessible" campaign last month, Graham Stringer said Manchester's "massive" programme of improvements could be matched by few, if any, local authorities.

The council is making grants of up to £25,000 for access schemes. Grants have already been given to shops, community centres, churches and social clubs around the city, as well as for building dropped kerbs and textured paths.

The campaign for greater access in Manchester began 3 years ago with a lobby for a Disabled People's Steering Group, to be controlled by delegates from disability organisations.

"Access is a fundamental right," said Bernard Leach, chair of the Steering Group. "We're members of the public, the Town Hall is a public building. If you can't get in, you can't participate in politics. Until last year, this was a wheelchair-free zone creating a virtual apartheid. We made this point to Graham Stringer and it hit home."

The opening of the £86,000 wheelchair-access conversion of the bridge connecting the Town Hall and its annex marks the official start of the city-wide campaign.

The bridge, and other features in the Town Hall such as talking lifts and ramped entrances, is seen as a particular triumph by



Actress Dora Bryan (centre) launched the campaign.

the Manchester Equal Opportunities Unit.

"The Town Hall is an A1 listed building, described as the most beautiful town hall in Europe. In making it accessible while maintaining its character, we have shown there is not a building in Manchester that can't be done," said Linda Carol of the EOU.

For the campaign to be successful, said Bernard Leach, it is important that the council does not work in isolation.

"We have very strong disabled people's organisations, a council that's willing to listen and the support of local business. The only people dragging their heels are central government." A series of requests for Urban Programme Money from the Department of the Environment have been turned down.

All the improvements in the city have been co-operative ven-

tures between the council and disabled groups, with the result that they have "not just access, but good access, where possible independent, and not access as defined by able-bodied people and architects," said Mr Leach.

Manchester currently has a £109 million gap between income and spending. The £1.7 million budget will not be threatened by the City Council's impending financial crisis, said Mr Leach, as it comes from several departments and is spread over 2 years.

● Having just spent £73,000 on improving local facilities for disabled people, a London Borough of Hackney official said: "Access is a high priority in Hackney, and we too are moving towards a comprehensive plan, but with the financial crisis caused by rate-capping, everything is in jeopardy."

## "Determination and will-power" pull Remploy through

Remploy, the Government supported company providing sheltered employment for disabled people, celebrated the 40th anniversary of its Brixton factory last month, with the announce-

ment that it has now pulled itself through "one of the most difficult periods in its history".

It has had to face a changing market and a gradual reduction in Government grant during a re-

cession, but by "sheer determination and willpower" has coped without making a single disabled person redundant, said managing director Trevor Owen. It employs nearly 9,000 people with disabilities.

"The company has pulled itself up by its own efforts. We've altered our management structure and made a number of able-bodied staff redundant," he said.

### Disability Now

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## Employers lack of understanding hampers deaf people at work

Few employers or careers advice officers understand the difficulties deaf people face at work and in finding jobs, claims the first-ever report on the employment of deaf people.

*Communication Works*, published last month by the Royal National Institute for the Deaf, brings together the results of existing research, surveys, case studies and interviews.

It reveals that:

● communication barriers reduce the options open to deaf people and employers often exaggerate these barriers when considering employing a deaf worker

● there is a critical need for sign language interpreters, note-takers, palantype operators and lipspeakers

● employers often do not know that technical aids are available through the Manpower Services Commission (MSC)

● trade unions fail to ensure that

deaf workers are informed about, and able to take part in, union activities.

The report calls for the Government to collect and publish statistics on deaf people in employment, and for the MSC to better inform employers and resettlement officers about the Disablingment Advisory Service.

Technical aids should be more readily available for training and work, and sign language interpreters, paid for by the MSC, should be provided for job interviews, starting a new job, for training courses and for disciplinary or grievance proceedings, it says. Careers advice officers and disablement resettlement officers should also be trained to deal with deaf people's needs.

*Communication Works*, RNID, 105 Gower Street, London WC1E 6AH. £3.50 inc p&p.

## Prize to help turn ideas into products

A new way for elderly and disabled people to get in and out of the bath won David Frost the 1987 Medic Design Award last month.

With the £5,000 prize and help from Trent Polytechnic's Industrial Design department, and an as yet unnamed manufacturer, he will be able to make a prototype over the next 9 months.

The Medic Award was established in 1984 to help develop good ideas into actual products, a process many designers find very difficult.

As evidence of its success, the chairman of this year's jury, John Wedgwood, director of Medical Research Services at the Royal Free Hospital and Home for Incurables in London, described what had happened to the winning designs of 1985 and 1986.

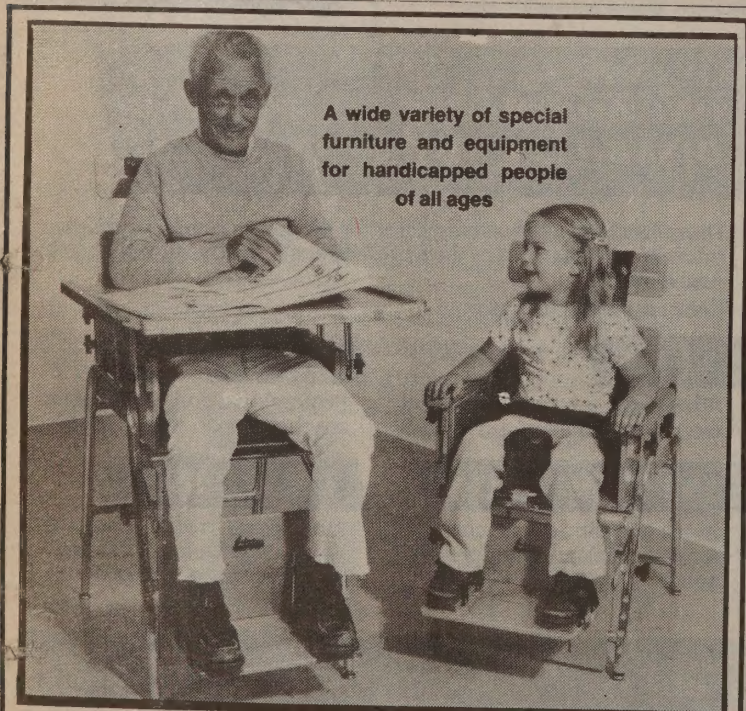
The folding mechanism which

was a feature of David Geary's mobility aid for paraplegics has since been incorporated into Remploy's new Autability System, while a textured play area for disabled children designed by Rena Moore and Vivien Young is available from Nottingham Rehab.

Professor Heinz Wolff, a member of the jury and presenter of the prizes, said the award was an excellent way of getting new minds to apply themselves to the problems of disability.



Winner David Frost.



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Have you or your group thought of commissioning a piece from a composer or writer?

Greater London Arts, the development agency for the arts for all Londoners, will consider any size or type of application for the creation of new music where specifically there is a separate creator and performer/s. Provided that its first performance is to be in the region of Greater London, or is to be undertaken by an organisation receiving GLA annual support, such applications will be welcome.

Deadlines for 1988/89 are 18 March 1988, 8 July 1988 and 11 November 1988. Separate guidelines are available on request.

### Amateur Music Scheme

If your organisation is an amateur group which sometimes uses professional artists for events within the Greater London area, Greater London Arts can offer some support.

Guidelines and application forms are now available for funding towards events between 1 August 1988 and 31 July 1989 for work which represents a particular challenge in terms of repertoire or resources or significant financial risk. Deadline for applications is 18 January 1988.

### Hire Scheme

Then again, you may have a daring concept for an imaginative programme, but need certain instruments to carry it through. Greater London Arts has a small fund to help overcome this obstacle. It can also assist with the hire of scores for music by living composers.

Applications should be submitted not later than 8 weeks before the event, which must be within the Greater London region.

Ref: M55

For further information, write or phone:

Music Unit

Greater London Arts

9 White Lion Street, London N1 9PD. Tel: 01-837 8808.